

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 16 PM 1:59

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000034941

1. Limited Liability Company's Name

Robco Apopka Park, LLC

200138993132
12/12/08--01046--005 **377.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

720 Park Avenue

3. Mailing Office Address

1983 Bridgewater Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka, Florida

City & State

Lake Mary, Florida

Zip

Country

32707

Zip

Country

32746

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 4/4/2008

6. FEI Number

20-4639686

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

N. Dwayne Gray, Jr., Esq.

Street Address (P.O. Box Number is Not Acceptable)

201 East Pine Street, Suite 500

Suite, Apt. #, Etc.

City

Orlando, Florida 32801

State

FL

Zip Code

32801

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/8/08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Robert J. Stephenson	1983 Bridgewater Drive	Lake Mary, FL 32746

REINSTATEMENT 2007-08

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

[Signature]

Date

12/8/08

Daytime Phone # 407-925-0932

Typed or printed name of signing Managing Member/Manager Robert J. Stephenson