

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 FEB 27 AM 11:23

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000045175

1. Limited Liability Company's Name

SOUTHERN ESTATES L.L.C.

REINSTATEMENT

CR2E041 (10/08)

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

1435 SW. ULMUS PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

1435 SW. ULMUS PLACE

Suite, Apt. #, etc.

City & State

PALM CITY, FL

City & State

PALM CITY FL

Zip

34990

Country

USA

Zip

34990

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

5/2/06

6. FEI Number

141968261

☐ 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

THOMAS L. BALLARD II

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

1435 SW. ULMUS PLACE

Suite, Apt. #, Etc.

City

PALM CITY

State

FL

Zip Code

34990

☐ 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

Thomas L. Ballard II

REGISTERED AGENT MUST SIGN

Date

2/17/09

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 |
|------------|--------------------------------------|---|----------------------------|
| <u>MEM</u> | <u>THOMAS L. BALLARD II</u> | <u>1435 SW ULMUS PLACE</u> | <u>PALM CITY, FL 34990</u> |
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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 608.405, 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

Thomas L. Ballard II

Date

2/17/09

Daytime Phone #

(772) 215-2130

Typed or printed name of signing Managing Member/Manager

THOMAS L. BALLARD II