

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 28 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000052723

1. Limited Liability Company's Name

AHV, TH250, LLC

CR2E041 (10/08)

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

48 ASPEN DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 1535

Suite, Apt. #, etc.

City & State

HAINES CITY, FL

City & State

HAINES CITY, FL

Zip

33844

Country

USA

Zip

33845

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified

To Do Business in Florida MAY 23, 2006

6. FEI Number

☒ 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

WILLIAM A SMITHERMAN

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

48 ASPEN DRIVE

Suite, Apt. #, Etc.

City

HAINES CITY

State

FL

Zip Code

33844

☒ 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

Date

1-27-09

REGISTERED AGENT MUST SIGN

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	WILLIAM A SMITHERMAN	48 ASPEN DRIVE	HAINES CITY, FL 33844

REINSTATEMENT 07-09
RB

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01/28/09--01031--005 **416.25

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

Date

1-27-09

Daytime Phone # 760-221-7816

Typed or printed name of signing Managing Member/Manager WILLIAM A SMITHERMAN