

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **206 000064889**

1. Limited Liability Company's Name

Peachtree Park, LLC

2. Principal Office Address - No P.O. Box #
1101 Miranda Lane

Suite, Apt. #, etc.

City & State
Kissimmee, FL

Zip
34741

Country

3. Mailing Office Address
1101 Miranda Lane

Suite, Apt. #, etc.

City & State
Kissimmee, FL

Zip
34741

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **6/27/2006**

6. FEI Number
20-5113748

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

B. Name and Address of Current Registered Agent

Name
Harry J. Swart CPA

Street Address (P.O. Box Number is Not Acceptable)
1101 Miranda Lane

Suite, Apt. #, Etc.

City
Kissimmee

State
FL

Zip Code
34741

☒ 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 **2/27/09**

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	Ark Investments, Inc.	717 East Oak Street	Kissimmee, FL 34744
MGRM	Compton Enterprises, Inc.	1130 E. Donnegan Avenue, Suite 4	Kissimmee, FL 34744
	S. HAWKES		
	MAR 11 2009		
	EXAMINER		

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REINSTATEMENT

2007-09

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 **2/26/09**

Daytime Phone# **407-847-7466**

Typed or printed name of signing Managing Member/Manager **Harry J. Swart**

FILED
09 MAR -09 PM 2:20
SECRETARY OF STATE
TELEPHONE SECT. 1000000

CR2E041 (10/08)