PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2012 OCT 26 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (1/11)

DOCUMENT # L06000090807

1. Limited Liability Company's Name

LG Mills Cove, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4776 New Broad Street		4776 New Broad Street	
Suite, Apt. #, etc. 250		Suite, Apt. #, etc. 250	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32814	Country USA	Zip 32814	Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 9/15/2006

6. FEI Number: 364611063 — ☐ 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: Robert Godwin

Street Address (P.O. Box Number is Not Acceptable): 4776 New Broad Street

Suite, Apt. #, Etc.: 250

City	State	Zip Code
Orlando	FL	32814

E-mail Address:

psmerge@centuryhomesfla.com
(To be used for future annual report notices)

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 10/3/12

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
MGR	Robert Godwin	4776 New Broad Street #250	Orlando, FL 32814
		REINSTATEMENT	
			10-12-12

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 10/3/12 Daytime Phone # 407-628-4005

Typed or printed name of signing Managing Member/Manager: Robert Godwin