

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

000241209170  
10/26/12--01006--009 \*\*516.25

CR2E041 (1/11)

DOCUMENT # L06000090807

1. Limited Liability Company's Name

**LG Mills Cove, LLC**

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

4776 New Broad Street

Suite, Apt. #, etc.

250

City & State

Orlando, FL

Zip

32814

Country

USA

3. Mailing Office Address

4776 New Broad Street

Suite, Apt. #, etc.

250

City & State

Orlando, FL

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

Orlando

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/3/12

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

10-12982

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