


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 MAY 15 PM 3:54

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CR2E041 (12/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L06000091643

1. Limited Liability Company's Name

CHURCH STREET SQUARE, LLC

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

1609 GLEN EAGLES WAY

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32804

Country

ORANGE

3. Mailing Office Address

Box 540058

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32854

Country

ORANGE

4. State/Country of Formation

FLORIDA - U.S.A.

5. Date Organized or Qualified To Do Business in Florida

9-19-06

6. FEI Number

41-2229451

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 R. UTTAL

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

1609 GLEN EAGLES WAY

Suite, Apt. #, Etc.

City

ORLANDO

State

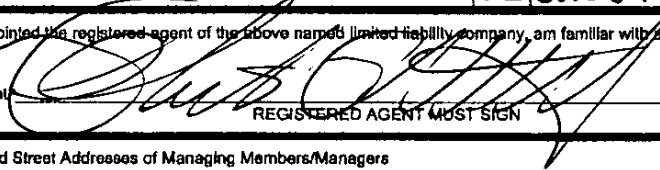
FL

Zip Code

32804

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

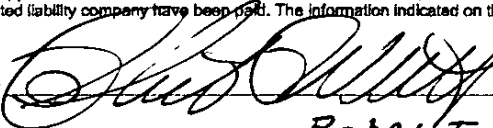
Date 29 APRIL 2008

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	ROBERT R. UTTAL	1609 GLEN EAGLES WAY	ORLANDO, FL 32804
MGRM	GREAT AMERICAN RESTORATIONS, INC.	239 E. COPELAND DR	ORLANDO, FL 32806

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 APRIL 29 2008

Daytime Phone #

407-687-6898

Typed or printed name of signing Managing Member/Manager

ROBERT R. UTTAL