## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## DOCUMENT # L06000093961 1. Entity Name 2009 HAY 22 AM 10: 17 TOMOKA GARDEN, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 450 TOMOKA AVE 1295 OCEAN SHORE BLVD. ORMOND BEACH, FL 32174 PH2 ORMOND BEACH, FL 32176 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. # etc. 03202009 REIN-LLC CR2E101 (1/07) Applied For City & State City & State 4. FEI Number 20-5606088 Not Applicable Zıp Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOBELIN, LEIGH Street Address (P.O. Box Number is Not Acceptable) 1295 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited FILE NOW!!! FEE IS \$277.50 liability company did not receive the prior notice. Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. TITLE MGRM ☐ Delete Change Addition TITLE 900156284409 05/22/09--01005--006 \*\*\*37 KOBELIN, LEIGH NAME NAME STREET ADDRESS 1295 OCEAN SHORE BLVD., PH2 STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32176 CITY-ST-ZIP Addition TITLE Detete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE Delete NAME NAME STREET ADDRESS STREET ADDR CITY-ST-ZIP CITY - ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY - ST - ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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