

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000122581

1. Limited Liability Company's Name

Walnut Road LLC

14 OCT 14 PM 2:38

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 230 S. Maya Palm Dr.		3. Mailing Office Address Same		4. State/Country of Formation Florida USA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 12/27/00	
City & State Boca Raton Fla.		City & State ↓		6. FEI Number 208645466	
Zip 33432	Country USA	Zip	Country	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Edward H. Gessner		
Street Address (P.O. Box Number is Not Acceptable) 230 S. Maya Palm Dr.		
Suite, Apt. #, Etc. Boca Raton		
City Boca Raton	State FL	Zip Code 33432

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Lisa G. Turner

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
	Lisa G. Turner	317 Windy Run Dr.	Doyersburg PA 18901
	Carol A. White	821 Roberts Rd.	Ambler PA 19002
	Nancy Gessner	2132 Northumbria Dr.	Sanford FL 32771

11. E-mail Address: Lturner493@Verizon.net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager Lisa G. Turner Date 10/10/14 Daytime Phone # 267-261-0261

Typed or printed name of signing Authorized Representative/Manager

Lisa G. Turner