

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL -7 AM 10:14

DOCUMENT # L07000044214

1. Limited Liability Company's Name

Mayfair Townhomes LLC

300182954873
07/06/10--01061--002 **138.75

CR2E041 (05/10)

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

15 Central Ct.

3. Mailing Office Address

15 Central Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tarpon Springs FL

City & State

Tarpon Springs FL

Zip

34689

Country

USA

Zip

34689

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

April 25th, 2007

6. FEI Number

20-8963530

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

Thomas Karjama

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

15 Central Ct.

Suite, Apt. #, Etc.

City

Tarpon Springs

State

FL

Zip Code

34689

700181958527
06/10/10--01034--004 **377.50

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

[Signature]

Date 6/30/10

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	Los Andes Trouble Creek LLC	15 Central Ct.	Tarpon Springs FL 34689
MGR	Trouble Creek Development Corporation, Inc.	2611 Keystone Rd.	Tarpon Springs FL 34689

REINSTATEMENT 2008-2010

11. E-mail Address: claudia.karjama@gmail.com

(To be used for future annual report notifications)

12. 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

[Signature]

Date 6/30/10

Daytime Phone # 727-485-8731

Typed or printed name of signing Managing Member/Manager Thomas Karjama

June 30, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

SUBJECT: MAYFAIR TOWNHOMES, LLC

Ref. Number: L07000044214

On June 8th we sent a Reinstatement Form to activate our company.

Unfortunately, there was a balance to be paid of \$138.75 that we are now attaching in the form of a Bank of America check (# 610).

Also, the information in the form sent previously was incorrect. We are now attaching a new, corrected form. Please disregard the previous one and proceed according to the new information stated in this form.

We apologize for any inconvenience this may have caused.

Yours truly,

Claudia Karjama

In behalf of Mayfair Townhomes LLC

claudiakarjama@gmail.com

Ph: 727-485-8731



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUL -7 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 11, 2010

MAYFAIR TOWNHOMES, LLC
15 CENTRAL CT
TARPON SPRINGS, FL 34689

SUBJECT: MAYFAIR TOWNHOMES, LLC
Ref. Number: L07000044214

We have received your document for MAYFAIR TOWNHOMES, LLC and check(s) totaling \$377.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 610A00014500