PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		10 MAR 16 PM 1: 35 TALLAHASSEE STATE	
DOCUMENT # L07000120673  1. Limited Liability Company's Name  Summerlin Square Drive, LLC		300	JACON AR 16 PH 1: 35  TALLAHASSEE, FLORIDA  D171029458 001040012 **377.50  CR2E041 (11/09)	
Principal Office Address - No P.O. Box #     3. Mailing Office Address				
8534 E. Kemper Rd.	8534 E. Kemper Rd.	4. State/Country of Formation  Flocida / U.S.		
Suite, Apt. #, etc.		Florida / U.J.  5. Date Organized or Qualified To Do Business in Florida 12   04   2007		
City & State  Cincinnati, OH  Cincinnati, OH		6. FEI Number Applied For  Not Applicable		
zip . Country 45,249 U.S.	45249 Country U.S.	7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent				
Name  Eric L. Glazer  Street Address (P.O. Box Number is Not Acceptable)  2300 Corporate Blvd. NW		☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were		
Suite, Apt. #, Etc. Suite 232			not received and requesting the \$100	
Boca Raton State Zip Code FL 33431		reinstatement be waived 300171029453 03/16/1001008016 **138.75		
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  Date  Z/ZY/ZOID  REGISTERED AGENT MUST SIGN				
10. Names and Street Addresses of Managing Members/Managers				
Titles Name of Managing Members/ Managi		ag <del>o</del> r	City / State / Zip	
MGRM Appalachian Oil Corporation 12734 Kenwood Lang, #HAWKESFORE Myers, FL 33907				
	MAR 1 7 2010			
EXAMINER S. HAWKES				
REINSTATEMENT 516, 250 MAR - 4 2010  808-10 - 377, 50 Ps EXAMINED				
136,75 OUS				
11. E-mail Address: eglazer (, janus hotels. 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 filling 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 Manager Date 2/24/2010 Daytime Phone # 239-278-5900				
Typed or printed name of signing Managing Member/Manager Louis S. Bouk, Vice President				



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 4, 2010

SUMMERLIN SQUARE DRIVE, LLC 8534 E KEMPER RD CINCINNATI, OH 45249

SUBJECT: SUMMERLIN SQUARE DRIVE, LLC

Ref. Number: L07000120673

We have received your document for SUMMERLIN SQUARE DRIVE, LLC and your check(s) totaling \$377.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$138.75.

Please return your document, along with 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) 245-6955.

Letter Number: 110A00005380

Suzanne Hawkes Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314