

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of
DIVISION OF CORPORATIONS

DOCUMENT # **L07000122991**

1. Limited Liability Company's Name

**Hibiscus Courtyard Apartments
LLC**

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

119-125, 5 Hibiscus

Suite, Apt. #, etc.

—

City & State

ORL. FL 32801

Zip

32801

Country

USA

3. Mailing Office Address

206 Quayside

Suite, Apt. #, etc.

Apt 103

City & State

Maitland, FL

Zip

32751

Country

USA

8. Name and Address of Current Registered Agent

Name

Charles W. Hawks

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

206 Quayside Circle

Apt. #, Etc.

Apt 103

City

Maitland

State

FL

Zip Code

32751

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

Charles W. Hawks

REGISTERED AGENT MUST SIGN

Date

9-24-15

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
MGR	Charles W. Hawks	206 Quayside Cir	Maitland, FL 32751
MGR	John L. Nuccitelli	1718 Bren Lee Ct	Orlando, FL 32805

11. E-mail Address:

(To be used for future annual report notification)

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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Charles W. Hawks

Date

9-24-15

Daytime Phone #

321-303-8542

Typed or printed name of signing authorized representative/member

Charles W. Hawks

RE 9/30/15

FILED

15 SEP 29 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041

4. State/Country of Formation

FL / ORANGE

5. Date Organized or Qualified
To Do Business in Florida

12/10/2007

6. FEI Number

26-1741464

Applied For

Not Applicable

7. CERTIFICATE OF STATUS ☐ **DECLINED**

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09/29/15--01021--018 **377.50