

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

09 NOV 25 PM 2:05

DOCUMENT # L08000074634

1. Limited Liability Company's Name

Greenbriar Terrace II, LLC

600163098786
11/25/09--01005--001 **238.75
CR2E041 (11/09)

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

4350 N.W. 107th Street

Suite, Apt. #, etc.

3. Mailing Office Address

4350 NW 107th Street

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32606

Country

USA

Zip

32606

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8-4-2008

6. FEI Number

26-3111206

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

S. Wayne Floyd

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

4350 N.W. 107th Street

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32606

☐ 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
not received and requesting the \$100
reinstatement be waived.

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

S. Wayne Floyd

REGISTERED AGENT MUST SIGN

Date 11/23/2009

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
MGRM	S. Wayne Floyd	4350 N.W. 107th Street	Gainesville, FL 32606
MGRM	Ernestine J. Floyd	4350 N.W. 107th Street	Gainesville, FL 32606

REINSTATEMENT

2009

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am managing member/manager of 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

S. Wayne Floyd

Date 11/23/2009

Daytime Phone #

352-331-1954

Typed or printed name of signing Managing Member/Manager

S. Wayne Floyd