

# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

|                                                       |  |                                                                                   |
|-------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # L09000026184                               |  |  |
| 1. Entity Name<br>GRAND VILLAGE MOBILE HOME PARK, LLC |  |                                                                                   |

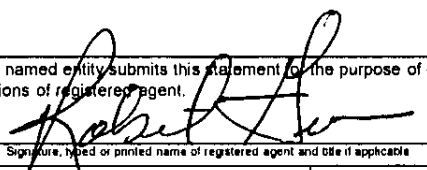
|                                                                                 |                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br>4800 WOODLANE CIRCLE<br>TALLAHASSEE, FL 32303 US | Mailing Address<br>4800 WOODLANE CIRCLE<br>TALLAHASSEE, FL 32303 US |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|

|                                                                    |                                              |
|--------------------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br>301 Marcus Court | 3. Mailing Address<br>2004 Setting Sun Trail |
| Suite, Apt. #, etc.                                                | Suite, Apt. #, etc.                          |

|                                |                                |
|--------------------------------|--------------------------------|
| City & State<br>Tallahassee FL | City & State<br>Tallahassee FL |
| Zip<br>32304                   | Zip<br>32303                   |
| Country<br>USA                 | Country<br>USA                 |

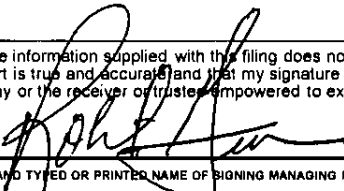
|                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br>EVANS, MAURICE E<br>4800 WOODLANE CIRCLE<br>TALLAHASSEE, FL 32303 |  |
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| 7. Name and Address of New Registered Agent<br>Name: ROBERT GEORGE<br>Street Address (P.O. Box Number is Not Acceptable):<br>2004 Setting Sun Trail<br>City: Tallahassee FL Zip Code: 32303 |  |
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)<br>DATE: 3/19/12 |  |
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|                             |                                                      |
|-----------------------------|------------------------------------------------------|
| FILE NOW!!! FEE IS \$377.50 | Make check payable to<br>Florida Department of State |
|-----------------------------|------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS                       |                                                                                                                        |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>EVANS, MAURICE E<br>4800 WOODLANE CIRCLE<br>TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>GEORGE, ROBERT D<br>1967 COMMONWEALTH LANE, SUITE 200<br>TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                        |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a manager or authorized manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.<br>SIGNATURE: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

| 10. ADDITIONS/CHANGES                              |                                                                                                                                                      |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>ROBERT GEORGE<br>2004 Setting Sun Trail<br>Tallahassee FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |

|                                                                                                               |  |
|---------------------------------------------------------------------------------------------------------------|--|
| B. BOSTICK<br>MAR 19 2012<br>300225111063<br>03/19/12--01004--004 **\$377.50<br>gfamilytally1e<br>comcast.net |  |
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FILED

12 MAR 19 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03192012 REIN-LLC CR2E101 (12/11)

4. FEI Number  
26-4478700  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required