2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L09000026184

1. Entity Name
GRAND VILLAGE MOBILE HOME PARK, LLC

FILED
12 MAR 19 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4800 WOODLANE CIRCLE TALLAHASSEE, FL 32303 US	4800 WOODLANE CIRCLE TALLAHASSEE, FL 32303 US

03192012 REIN-LLC CR2E101 (12/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
307 Marcus Court	2004 Setting Sun Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee FL.	City & State: Tallahassee FL.
Zip: 32304 Country: USA	Zip: 32303 Country: USA

4. FEI Number: 26-4478700 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EVANS, MAURICE E 4800 WOODLANE CIRCLE TALLAHASSEE, FL 32303	Name: ROBERT GEORGE Street Address (P.O. Box Number is Not Acceptable): 2004 Setting Sun Trail City: Tallahassee FL Zip Code: 32303

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.

SIGNATURE: [signature] 3/19/12
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EVANS, MAURICE E 4800 WOODLANE CIRCLE TALLAHASSEE, FL 32303	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition **REINSTATEMENT**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GEORGE, ROBERT D 1967 COMMONWEALTH LANE, SUITE 200 TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition MGRM ROBERT GEORGE 2004 Setting Sun Trail Tallahassee FL. 32303
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300225111063 03/19/12--01004--004 **377.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition B. BOSTICK EXAMINER MAR 19 2012

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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 3/19/12 gfamilytally1@comcast.net
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS