

L10000107472

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JAN 3 PM 1:41

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L10000107472**

1. Limited Liability Company's Name

THE 301 AT 333 WEST CHURCH STREET STATION, LLC

800216598938
01/05/12--01022--010 **239.75
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
333 WEST CHURCH STREET

Suite, Apt. #, etc

City & State

ORLANDO, FLORIDA

Zip

32801

Country

US

3. Mailing Office Address

333 WEST CHURCH STREET

Suite, Apt. #, etc

City & State

ORLANDO, FLORIDA

Zip

32801

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/14/2010

6. FEI Number

☐ 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

JAMEIL C. McWHORTER

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

215 NORTH EOLA DRIVE

Suite, Apt. #, Etc

City

ORLANDO

State

FL

Zip Code

32801

E-mail Address:

(To be used for future annual report notices)

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

REGISTERED AGENT MUST SIGN

JAMEIL C. McWHORTER

Date **12/30/11**

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
MGR	WILLIE FISHER	333 WEST CHURCH STREET	ORLANDO, FLORIDA 32801
			<i>postmarked 12/30/11</i>
		REINSTATEMENT	
		<i>ult 2011</i>	
		B Tadlock	JAN 09 2012

11. 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 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. 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 Managing
Member/Manager

Date **12/30/11**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

WILLIE FISHER, MANAGER