

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 JUL 19 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000288127820

DOCUMENT # L11000050453

1. Limited Liability Company's Name
Windsong Properties, LLC

2. Principal Office Address - No P.O. Box #
121 Garfield Avenue

3. Mailing Office Address
121 Garfield Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Winter Park, FL

City & State
Winter Park, FL

Zip Country
32789 USA

Zip Country
32789 USA

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 04/28/2011

6. FEI Number
45-2400708

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
Allan E. Keen

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

Apt. #, Etc.

City
Winter Park

State Zip Code
FL 32789

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

[Handwritten Signature]

Date 7/18/2016

REGISTERED AGENT MUST SIGN

10. Names and Street Address of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Allan E. Keen	121 Garfield Avenue	Winter Park, FL 32789
REINSTATEMENT			JUL 19 2016 R. HUNT

11. E-mail Address:

(To be used for future annual report notifications)

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

[Handwritten Signature]

Date

7/18/2016

Daytime Phone #

Typed or printed name of signing authorized representative/member

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 219943 149697A
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ ~~655.00~~ 516.25

ORDER DATE : July 18, 2016
ORDER TIME : 3:25 PM
ORDER NO. : 219943-005
CUSTOMER NO: 149697A

16 JUL 19 PM 1:58

DOMESTIC FILINGS

NAME: WINDSONG PROPERTIES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

JUL 19 2016

R. HUNT

EXAMINER'S INITIALS