PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 APR -2 AM 8:18

DOCUMENT # L12000134202

1 Limited Liability Company's Name
STRAWBRIDGE PLACE LLC

W14-68428

CR2E041 (1/14)

2 Principal Office Address - No P.O. Box #	3. Mailing Office Address
9150 S. TROPICAL TRAIL	PO BOX 938
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Merritt Island, FL	City & State: Melbourne, FL
Zip: 32952 Country: USA	Zip: 32902 Country: USA

4. State/Country of Formation: FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number: 61-1696450 ☐ 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: JACIE STIVES

Street Address (P.O. Box Number is Not Acceptable): 9150 S. TROPICAL TRAIL

Suite, Apt. #, Etc

City: Merritt Island | State: FL | Zip Code: 32952

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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: _____ Date: Nov 1, 2014
REGISTERED AGENT MUST SIGN

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	JIM STIVERS	9150 S. TROPICAL TRAIL	MERRITT ISLAND, FL 32952
MGR	JACIE STIVERS	9150 S. TROPICAL TRAIL	MERRITT ISLAND, FL 32952

APR 02 2015
R. HUNT

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REINSTATEMENT

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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: _____ Date: 1/26/15 Daytime Phone #: 321.258.3338

Typed or printed name of signing Authorized Representative/Manager