

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

16 MAR 30 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L14000164930

1. Limited Liability Company's Name

UMAAO II LLC

2. Principal Office Address - No P.O. Box #

220 E CENTRAL PKWY

Suite, Apt. #, etc.

4000

City & State

ALTAMONTE SPRINGS FL

Zip

32701

Country

USA

3. Mailing Office Address

220 E CENTRAL PKWY

Suite, Apt. #, etc.

4000

City & State

ALTAMONTE SPRINGS FL

Zip

32701

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified  
To Do Business in Florida

10/22/14

6. FEI Number

472160537

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

URI ARGOV

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

220 E CENTRAL PARKWAY

Apt. #, Etc.

4000

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32701

200263974932  
03/30/16--01019--023 \*\*377.50

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 1/25/16

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	URI ARGOV	220 E CENTRAL PKWY, 4000	ALTAMONTE SPRINGS FL 32701
AR	WENDY FRIEDBERG	220 E CENTRAL PKWY, 4000	ALTAMONTE SPRINGS FL 32701
			S. HAWKES
			MAR 30 A.M.
			EXAMINER

44. E-mail Address: WENDYF@TRAVELHOLDINGS.COM

(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

Date

1/25/16

Daytime Phone #

4076678700

Typed or printed name of signing authorized representative/member

WENDY FRIEDBERG