OCT-06-03 03:48PM FROM-Clark, [illegible] & [illegible] [illegible]-468 P.001 F-3

L95000000257

PAGE 1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -7 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L95000000257

1. Limited Liability Company's Name
FIRST GARDENS, L.C.

9/26/03

BK

2. Principal Office Address	3. Mailing Office Address
2461 S. LAKE SUMMIT DR.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER HAVEN, FL	City & State
Zip: 33884 Country: USA	Zip Country

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 3/29/1995

6. FEI Number: 59-3311771 ☐ 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: RONALD L. CLARK 900023616663

Street Address (P.O. Box Number is Not Acceptable): 500 S. FLORIDA AVENUE, SUITE 800

Suite, Apt. #, Etc.: REINSTATEMENT 2003

City: LAKELAND State: FL Zip Code: 33801

BK

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 _____ Date 10/6/03
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	REYNOLDS, WILLIAM C.	2461 S. LAKE SUMMIT DR.	WINTER HAVEN, FL 33884
MGRM	LABUDA, GLENN E.	3440 LAKEVIEW DRIVE, S.E.	WINTER HAVEN, FL 33880
MGRM	MAXWELL, LAWRENCE W.	500 S. FLORIDA AVE., STE. 700	LAKELAND, FL 33801
MGRM	BROCK, DENNIS D.	1103 CYPRESS GARDENS BLD. #44	WINTER HAVEN, FL 33834
MGRM	TRUPIANO, THOMAS J.	301 LAUREL COVE WAY	WINTER HAVEN, FL 33884

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.*

Signature of Managing Member/Manager William C. Reynolds Date 10/06/2003 Daytime Phone # 863-324-7117

Typed or printed name of signing Managing Member/Manager: William C. Reynolds

PAGE 2

CSC
CORPORATION SERVICE COMPANY

L95000000257

ACCOUNT NO. : 072100000032

REFERENCE : 270335 82866A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 155.00

ORDER DATE : October 7, 2003

ORDER TIME : 10:15 AM

ORDER NO. : 270335-005

CUSTOMER NO: 82866A

CUSTOMER: Ms. Sherri Gaskill
Clark, Campbell & Mawhinney,
Suite 800
500 South Florida Avenue
Lakeland, FL 33801

RECEIVED
03 OCT -7 PM 12:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: FIRST GARDENS, L.C.

FILED
03 OCT -7 PM 3:40
TALLAHASSEE, FLORIDA

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS _____