

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morlham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 NOV -3 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

DOCUMENT # L950000000307

EMERALD LAKES COMMERCIAL CENTER, L.C.

2910 Trevi Court  
Kissimmee, FL 34746

1a. Principal Place of Business Address

2910 Trevi Court  
Kissimmee, FL 34746

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

Kissimmee, Florida  
Suite, Apt. #, etc.

2a. Mailing Address

2910 Trevi Court, Kissimmee,  
Suite, Apt. #, etc.

3. Date Organized or Qualified

FL 4/20/95

3a. State of Formation

Florida

City & State

Kissimmee, FL 34746  
Zip Country

City & State

Kissimmee, FL 34746  
Zip Country

4. FEI Number

59-3326275  
5. Date of Last Report

☐ Applied For

☐ Not Applicable

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

Frank Uraga  
2910 Trevi Court  
Kissimmee, FL 34746

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

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

*Frank Uraga*

Date

10/31/97

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGR Jose Amieva

2910 Trevi Court

Kissimmee, FL 34746

MGR FRANK URAGA

2910 Trevi Court

Kissimmee, FL 34746

MGR Rafael Cruz

2910 Trevi Court

Kissimmee, FL 34746

3000002340699--5  
-11/06/97--01103--001  
\*\*\*907.50 \*\*\*907.50

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

*Frank Uraga*

Date

10/27/97

Daytime Phone #

407-846-7706

Typed or printed name of signing Managing Member/Manager

FRANK URAGA



# ORLANDO TITLE AND ABSTRACT OF FLORIDA, INC.



October 28, 1997.

VIA UPS

- Secretary of State
- Division of Corporations
- Reinstatement Section
- 409 E. Gaines Street
- Tallahassee, FL 32399

RE: EMERALD LAKES COMMERCIAL CENTER, L.C.

Dear Sirs:

Enclosed please find the following:

- a) Application for Reinstatement for Limited Liability Company in completed form
- b) Check in the amount of \$907.50 representing:

Reinstatement fee of \$500.00  
96 annual return fee 203.75  
97 annual return fee 203.75

Please reinstate this corporation effective immediately.

Very truly yours,

STEPHANIE MUSSELWHITE  
President

/sm

*Please  
rush!*

*Thanks*

*so  
much!*

*[Signature]*