

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



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

FILED

96 NOV 15 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address  
of Limited Liability Company

DOCUMENT # L95000000610

JLM Groves, LLC.  
6775 Silver Star Road  
Orlando, FL 32818

1a. Principal Place of Business Address

6775 Silver Star Road  
Orlando, FL 32818

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

2 Mailing Address

2a. Principal Place of Business

3. Date Organized or Qualified

3a. State of Formation

08/08/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3346154

☐ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Corporation Service Company  
1201 Hay Street  
Tallahassee, FL 32301

Name

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

Suite, Apt. #, etc.

000002011540--8

City

-11/21/96-01089--001

\*\*\*747.50 \*\*\*747.50

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

*Harmon B. Rozar*

REGISTERED AGENT MUST SIGN

*Harmon B. Rozar, esq., agent*

Date

11-14-96

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGRM

Melcher, James

1185 Avenue of the Americas

New York, NY 10036

MGRM

Benasich, April

210 West 90th Street

New York, NY 10024

REINSTATEMENT

*all*

*11-18-96*

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

*James R. Melcher*

Date 10/22/96

Daytime Phone (22) 768-9000

Typed or printed name of signing Managing Member/Manager