

L95000000934

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



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

FILED

98 DEC 18 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

DOCUMENT # L 95000000 934

STONE STREET PROPERTIES, L.C.  
2112 NEW BEDFORD DRIVE  
SUN CITY CENTER, FL 33573

CM

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

1a. Principal Place of Business Address

(same)

2. Principal Place of Business

(same)

2a. Mailing Address

(same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

12/5/95

3a. State of Formation

FL

4. FEI Number

59-3362100

☐ Applied For

☐ Not Applicable

5. Date of Last Report

1997

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

MRS. HELEN B. MARCHINSKY  
2112 NEW BEDFORD DRIVE  
SUN CITY CENTER, FL 33573

8. Name and Address of New Registered Agent

Name

MRS. HELEN B. MARCHINSKY

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

2112 NEW BEDFORD DRIVE

Suite, Apt. #, etc.

City

SUN CITY CENTER FL

Zip Code

33573

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

12-14-98

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGR

MRS. HELEN B. MARCHINSKY

2112 NEW BEDFORD DRIVE

SUN CITY CENTER, FL 33573

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-12/28/98--01138--002

\*\*\*688.75 \*\*\*688.75

REINSTATEMENT 98-  
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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

*[Signature]*

Date

12-14-98

Daytime Phone #

(813)633-8000

Typed or printed name of signing Managing Member/Manager

HELEN B. MARCHINSKY