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LIMITED LIABILITY REINSTATEMENT
MARY OAK PLAZA, L.C.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L97000000083

1. Limited Liability Company's Name
MARY OAK PLAZA, L.C.

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
La Mer Hotel c/o George Andy	Same
Suite, Apt. #, etc. 1317 Beach Avenue	Suite, Apt. #, etc.
City & State Cape May, NJ	City & State
Zip: 08204 Country: U.S.	Zip Country

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business In Florida 01/21/1997

6. FEI Number
65-0863204
☐ 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
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable) Suite,
1200 South Pine Island Road

Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the duties and responsibilities as registered agent under section 605, F.S.

Signature of Registered Agent: Madonna Cuddihy Special Assistant Secretary Date

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
Manager	Gus Andy	c/o George Andy 1317 Beach Avenue	Cape May, NJ 08204
Manager	George Ragsdale	404 East Main Street	Jamestown, NC 27282
	REINSTATEMENT		MAR 29 2016
			R. HUNT

11. E-mail Address: george@capemaylamer.com
(To be used for future annual report notification)

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: Gus Andy Date Daytime Phone # (609) 408-8888

Typed or printed name of signing authorized representative/member: Gus Andy, Manager