

1/27/2017

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)288-0845

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LIMITED LIABILITY REINSTATEMENT
ST. JOHNS VILLAGE CENTER, L.L.C.

Certificate of Status	0
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L 97000000 225			
1. Limited Liability Company's Name ST. JOHNS VILLAGE CENTER, L.L.C.			
2. Principal Office Address - No P.O. Box 3946 ST JOHNS AVENUE		3. Mailing Office Address 525 ATLANTIC BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FLORIDA		City & State ATLANTIC BEACH, FL	
Zip 32205	Country USA	Zip 32233	Country
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 02/21/1997	
6. FEI Number 59-3428548		Applied For ☐ No Application ☐	
7. CERTIFICATE OF STATUS DESIRED ☐ 2010 Application required for a Certificate of Status			
8. Name and Address of Current Registered Agent			
Name CT CORPORATION SYSTEM			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Plantation,			
Suite, 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 obligations of Chapter 605, F.S.			
Signature of Registered Agent <i>CL</i>		Cristina Lam, Vice President Date 1-23-2017	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	STEPHEN HOLZEL	25 PARK STREET	MONTCLAIR, NJ 07042
11. E-mail Address: HOLZEL@201-CORP			
(To be used for filing without report and elections)			
12. I certify that I am an authorized representative/manager of the holder of business responsibility to submit 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 meets the requirements of section 606.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.134, F.S.			
Signature of Authorized Representative/Manager <i>Stephen E. Holz</i>		Date 11/15/16 Daytime Phone # 993 744-4470	
Typed or printed Name of signing Authorized Representative/Manager			

51.110 - 01/25/2014 Walter Kluwer/CLC

JAN 27 2017

M. WILLIAMS

FAX COVER SHEET

TO

COMPANY

FAXNUMBER 18506176384

FROM Kimberly Laughrey

DATE 2017-01-27 14:39:52 CST

RE File First: ST. JOHNS VILLAGE CENTER, L.L.C.

COVER MESSAGE

Robert Sholl
Associate Fulfillment Specialist
Global Fulfillment Operations
CT Corporation

Team 614-280-3338, Office 614-280-3366
robert.sholl@wolterskluwer.com
GlobalFulfillmentTeam@wolterskluwer.com



1209 Orange Street Wilmington, DE 19801,
www.wolterskluwer.com

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