

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L97000001411

1. Limited Liability Company's Name

GAINESVILLE RECREATIONAL PROPERTIES, L.C.

2. Principal Office Address

720 Roy Wall Blvd.

Suite, Apt. #, etc.

N/A

City & State

Rockledge, FL

Zip

32955

Country

USA

3. Mailing Office Address

720 Roy Wall Blvd.

Suite, Apt. #, etc.

N/A

City & State

Rockledge, FL

Zip

32955

Country

USA

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

12/15/1997

6. FEI Number

☒

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

GAINESVILLE ICEPLEX MANAGEMENT CORP.

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

720 Roy Wall Blvd.

Suite, Apt. #, Etc.

N/A

City

Rockledge

State

FL

Zip Code

32955

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*******255.00 *****255.00**

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

President

Date **Jan. 18, 2000**

Boaz Bar-Navon

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GAINESVILLE ICEPLEX, LTD.	720 Roy Wall Blvd.	Rockledge, FL 32955

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

Date **1/18/00**

Daytime Phone # **(321) 690-2222**

Typed or printed name of signing Managing Member/Manager

**Boaz Bar-Navon, Pres. of Gainesville Iceplex Management
Corp., General Partner**

CR2E041 (9/99)