

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

99 DEC 13 AM 11:40

DOCUMENT # L980000001689

1. Limited Liability Company's Name

Palm Terrace mHC, L.L.C.

2. Principal Office Address

2200-16 Old Moody Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

500 W. Moody Blvd.

Suite, Apt. #, etc.

4. State/Country of Formation

Florida Flagler

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3546292

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

City & State

Bunnell, Fl. 32110

City & State

Bunnell, Fl. 32110

Zip

32110

Country

Flagler

Zip

32110

Country

Flagler

8. Name and Address of Current Registered Agent

Name

Joe J. Mayes

MJH

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

28 CLEARVIEW CT SD

Suite, Apt. #, etc.

PALM COAST

City

Palm Coast

State

FL

Zip Code

32137

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

11/8/99

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
MGR	CHARLES HOPPER	200 PERSIMMON DR	PALM COAST, FL 32164
			400003081904-5
			12/28/99 01054-005
			****150.00 ****150.00

REINSTATEMENT 1999

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

Charles Hopper

Date

11/8/99

Daytime Phone #

437-1204

Typed or printed name of signing Managing Member/Manager

Charles Hopper