

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

FILED

01 DEC -4 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L98000003196

1. Limited Liability Company's Name
VII Nobles Properties, L.L.C.

REINSTATEMENT 001

2. Principal Office Address
6 Lionspaw VII Nobles
Suite, Apt. #, etc.
City & State
Daytona Beach, FL
Zip 32124 Country US

3. Mailing Office Address
6 Lionspaw VII Nobles
Suite, Apt. #, etc.
City & State
Daytona Beach, FL
Zip 32124 Country US

4. State/Country of Formation
Florida / US
5. Date Organized or Qualified
To Do Business in Florida 12/15/98
6. FEI Number 59-3546698
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
Palmetto Charter Services, Inc.

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

150 Magnolia Avenue

Suite, Apt. #, Etc.

City

Daytona Beach

State
FL

Zip Code
32114

600004705876-7
-12/05/01--01045-001
****150.00 **** 50.00

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 Palmetto Charter Services, Inc.
By: Janet S. Urrade
Its Vice President

Date 12-03-01

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	Henderson, Earle H.	6 Lionspaw VII Nobles	Daytona Beach, FL 32124

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 608.408, 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 Earle H. Henderson Date 12/3/01 Daytime Phone # (386) 255-1811 Ext. 251

Typed or printed name of signing Managing Member/Manager Earle H. Henderson

CR2041 (9/00)