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
01 OCT 29 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99-823

1. Limited Liability Company's Name

CARILLON OF LAKELAND, L.C.

9/28/01

REINSTATEMENT 2001

2. Principal Office Address	**3.** Mailing Office Address
9190 Oakhurst Rd. Suite 2A	9190 Oakhurst Rd. Suite 2A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Seminole, FL 33776	City & State: Seminole, FL 33776-2137
Zip / Country: USA	Zip / Country: USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 2/12/1999

6. FEI Number: 59-3649268 ☐ 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: Robert A. Forlizzo

Street Address (P.O. Box Number is Not Acceptable): 2903 Rigsby Lane

Suite, Apt. #, Etc.:

City: Safety Harbor | State: FL | Zip Code: 34695

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****150.00 ****150.00

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: X _____ Date: 10/22/01
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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	Robert A. Cicco	9190 Oakhurst Rd. Suite 2A	Seminole, FL 33776
MGR	James R. Spicer	16104 Gulf Blvd.	Redington Beach, FL 33708

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 10/12/01 Daytime Phone # 727/595/6407

Typed or printed name of signing Managing Member/Manager: Robert A. Cicco