

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 DEC 31 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 499000000976

1. Limited Liability Company's Name

Villa Socine Mobile Home PARK  
L. L. C.

2. Principal Office Address

950 Pocahontas Dr  
Suite, Apt. #, etc.

3. Mailing Office Address

Same  
Suite, Apt. #, etc.

City & State

FT. WALTON Bch

City & State

Zip FL Country U.S.A

4. State/Country of Formation

Florida U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

59-3757537

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

DAVID K GIBSON

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

950 POCAHONTAS DRIVE

Suite, Apt. #, Etc.

City

FORT WALTON BEACH

State

FL

Zip Code

32547

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

David K Gibson

REGISTERED AGENT MUST SIGN

Date 12-27-01

**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

M&R David K Gibson 950 Pocahontas Dr FT. WALTON Bch FL  
32547

**REINSTATEMENT**

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

David K Gibson

Date 12-27-01 Daytime Phone # 850 863 4345

Typed or printed name of signing Managing Member/Manager

DAVID K GIBSON

CR2E041 (9/01)