

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L 99 00000 2298

1. Limited Liability Company's Name

CENTENNIAL AMERICAN PROPERTIES-FLORIDA, LLC

2. Principal Office Address

3105 SAWGRASS VILLAGE  
CIRCLE

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

1999

6. FEI Number

59-3574998

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

F&L Corp.

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

200 LAURA ST.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

Zip Code

FL

32202-3520

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

Charles V. Hildt

Date

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
MGR	DAVID W. GLENN	131 FALLS ST, Suite 100	GREENVILLE, SC 29601
MGR	JEFFRIE L HOOD	3105 SAWGRASS VILLAGE CIRCLE	PONTE VEDRA BEACH, FL 32082

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 W. Glenn

Date 10/15/01

Daytime Phone #

864-271-3194

Typed or printed name of signing Managing Member/Manager