

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN -8 AM 9:23

DOCUMENT # L 99000005926

1. Limited Liability Company's Name

Osceola Properties II, LLC

700055890187
06/08/05--01015--002 **150.00

2. Principal Office Address

9117 Bay Point DR.
Suite, Apt. #, etc.

3. Mailing Office Address

9117 Bay Point DR.
Suite, Apt. #, etc.

City & State

Orlando, FLA.

City & State

Orlando, FLA

Zip

32819

Country

USA

Zip

32819

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

8/1999

6. FEI Number

59-3606477

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

PAUL E. CHRISTENSEN

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

9117 Bay Point Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

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

Paul E Christensen

Date

6/6/05

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	PAUL E. CHRISTENSEN	9117 Bay Point DR.	Orlando, FLA. 32819

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

Paul E Christensen

Date

6/6/05

Daytime Phone #

407-876-3145

Typed or printed name of signing Managing Member/Manager

PAUL E. CHRISTENSEN

CR2E041 (10/02)

9117 Bay Point Drive
Orlando, Florida 32819
June 6, 2005

Division of Corporations
Registration Section
P. O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

Attached please find completed Limited Liability Company Reinstatement form. I wish to inform you that I have not received proper notice for filing the annual report.

Sincerely,

Paul E. Christensen