

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 JAN 28 PM 12:11

DOCUMENT # L99000007679

1. Limited Liability Company's Name

MAGNOLIA of CENTRAL FLORIDA LLC

REINSTATEMENT 03-05

2. Principal Office Address

28 W. CENTRAL BLVD

Suite, Apt. #, etc.

SUITE 300

City & State

ORLANDO FL

Zip

32801

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA / USA

**5. Date Organized or Qualified
To Do Business in Florida**

11/1/99

6. FEI Number

88-3759668

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

STEPHEN MATONIS

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

SAME AS ABOVE

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/24/05

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
MEM	STEPHEN MATONIS	13465 KIRBY SMITH RD	ORLANDO, FL 32832
MEM	CHARLES LENTZ	2517 SOMERSET SHORES	ORLANDO, FL 32819
MEM	MICHAEL SORICH	9405 WICKHAM WAY	ORLANDO, FL 32836

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02/10/05--01009--007 **250.00

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

[Signature]

Date

1/26/05

Daytime Phone

(407) 843-3377

Typed or printed name of signing Managing Member/Manager

Stephen J. Matonis