

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

M00000001075

FILED

1. DOCUMENT # M00000001075

Name and Mailing Address

0007318 01 FP 0.352 **PRSRT T2 0 0615 30338-516074



ORANGE AVENUE PARTNERS, L.L.C.
1864-B INDEPENDENCE SQUARE
DUNWOODY GA 30338-5160

02 NOV 21 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address

City, State, Zip

Principal Place of Business

1864-B INDEPENDENCE SQUARE
DUNWOODY GA 30338

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

GA

5. Date Organized or Qualified
To Do Business in Florida

05/31/2000

6. FEI Number

58-2555975

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

STETSON, H. GARY

~~633 DARTMOUTH STREET~~
ORLANDO FL 32804

101 Southhall Lane
Suite 400
Maitland, FL 32751

9. Name and Address of New Registered Agent

Name

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

200009152622

11/21/02--01072--001 **150.00

City

FL

Zip Code

10. 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

H. Gary Stetson

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	STETSON PROPERTIES OF ORLANDO, INC.	633 DARTMOUTH STREET 101 Southhall Lane, Suite 400	ORLANDO FL 32804 Maitland, FL 32751
MGR	WORLOCK, LOIS	5300 OAKBROOK PARKWAY, SUITE 135	NORCROSS GA 30093

REINSTATEMENT 2002

RK

12. 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

H. Gary Stetson

Date

11.19.02

Daytime Phone #

407-660-6642

Typed or printed name of signing Managing Member/Manager

H. Gary Stetson

CR2E084 (8/02)