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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 21 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M00000002178

Name and Mailing Address

0016265 01 MB 0.309 **AUTO TO 0 0615 44145-438103

ARCHER SADDLEBROOK CONDOMINIUM, LLC
2503 INTERLACHEN LANE
WESTLAKE OH 44145-4381

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
OH

5. Date Organized or Qualified To Do Business in Florida
10/18/2000

Principal Place of Business
2503 INTERLACHEN LANE
WESTLAKE OH 44145

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
34-1928839

☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐
$5.00 Additional Fee required for a Certificate of Status

CR2E034 (7/03)

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) 500024936955 11/21/03--01084--003 **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 Cynthia L. Harris SIGNATURE REQUIRED Cynthia L. Harris as its Agent 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
MGRM	ARCHER, MICHAEL W	2503 INTERLACHEN LANE	WESTLAKE OH 44145
MGRM	ARCHER, BARBARA K	2503 INTERLACHEN LANE	WESTLAKE OH 44145

REINSTATEMENT 2003

BK

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 SIGNATURE REQUIRED Date 11-10-03 Daytime Phone #

Typed or printed name of signing Managing Member/Manager