

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -3 AM 10:19

DOCUMENT # **M000000002512**

1. Limited Liability Company's Name

KISSIMMEE GARDENS MHP, LLC

300004717613--3

-12/11/01--01004--020

****150.00 ****150.00

2. Principal Office Address

525 University Avenue

Suite, Apt. #, etc.

Suite 610

City & State

Palo Alto, California

Zip

94301

Country

US

3. Mailing Office Address

525 University Avenue

Suite, Apt. #, etc.

Suite 610

City & State

Palo Alto, California

Zip

94301

Country

US

4. State/Country of Formation

California

5. Date Organized or Qualified
To Do Business in Florida

12/08/2000

6. FEI Number

91-2090352

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

JIM FORD

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

6300 Queensbury Boulevard

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34241

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

REGISTERED AGENT MUST SIGN

Date **11/15/01**

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	The Ben F. Ivy Living Trust U/A dated April 28, 1983	525 University Avenue, #610	Palo Alto, CA 94301

Rein 100
UBR 50
150.00 *nr*

REINSTATEMENT 2001

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

Ben F. Ivy, Trustee Date **10/17/01** Daytime Phone # **650/328-3800**
Ben F. Ivy, Trustee, Ben F. Ivy Living Trust U/A dated April 28, 1983

Typed or printed name of signing Managing Member/Manager