M01000009255

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000142027 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

RECEIVED
04 JUL -8 AM 7:53
DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

ETURA PREMIER, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$205.00

FILED
04 JUL -8 AM 10:18
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LLC 7/09/04

Electronic Filing Menu Corporate Filing Public Access Help

2p

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL -8 AM 10:18

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01000000925

1. Limited Liability Company's Name
ETURA PREMIER, L.L.C

REINSTATEMENT 2003 - FY 2004

2. Principal Office Address	3. Mailing Office Address
5500 VILLAGE BLVD.	5500 VILLAGE BLVD.
Suite, Apt. #, etc.: STE. 200	Suite, Apt. #, etc.: STE. 200
City & State: WEST PALM BEACH, FLORIDA	City & State: WEST PALM BEACH, FLORIDA
Zip: 33407 Country: USA	Zip: 33407 Country: USA

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business in Florida: 04/25/2001

6. FEI Number: 52-2114791 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ ($8.00 Additional Fee required for Certificate of Status)

8. Name and Address of Current Registered Agent

Name: DEBORAH L. KRINER
Street Address (P.O. Box Number is Not Acceptable): 5500 VILLAGE BLVD.
Suite, Apt. #, Etc.: STE. 200
City: WEST PALM BEACH | State: FL | Zip Code: 33407

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: 7.8.04

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	WALKINGTON, INC.	100 SOUTH THIRD STREET	COLUMBUS, OHIO 43215
	REINSTATEMENT 2003 - 2004		

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 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and correct, and my signature shall have the same legal effect as if made under oath.

WALKINGTON, INC.
Signature of Managing Member/Manager: James A. Rutledge Date: 7-8-04 Daytime Phone # (614) 227-8830

Typed or printed name of signing Managing Member/Manager: By: James A. Rutledge, President

FL119 - 11/1/01 CT System Online