

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
TALLAHASSEE, FLORIDA

13 MAY 31 AM 11:01

DOCUMENT # M01000001568

1. Limited Liability Company's Name

PARKWOOD MOBILEHOME PARK, LLC

REINSTATEMENT 10-13

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 1818 Sixth Ave.		3. Mailing Office Address 1818 SIXTH AVE.	
Suite, Apt. #, etc. 300		Suite, Apt. #, etc. 300	
City & State SAN DIEGO CALIFORNIA		City & State SAN DIEGO, CA 92101	
Zip 92101	Country USA	Zip 92101	Country USA

4. State/Country of Formation

NV

5. Date Organized or Qualified
To Do Business in Florida

07/12/2001

6. FEI Number

943400885

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
JOHN A BELANICH
Street Address (P.O. Box Number is Not Acceptable)
4000 NOVA RD
Suite, Apt. #, Etc.

City
PORT ORANGE
State
FL
Zip Code
32127

E-mail Address:

300248445623

05/31/13--01002--024 **655.00

rjbelan@aol.com

(To be used for future annual report notices)

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

John A. Belanich
REGISTERED AGENT MUST SIGN

Date 5/24/13

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
MGRM	JOHN A BELANICH	7181 ENCELIA DR	LA JOLLA, CA 92037
MGRM	RAFFAELLA BELANICH	7181 ENCELIA DR	LA JOLLA, CA 92037
MGRM	MICHAEL BELANICH	7181 ENCELIA DR	LA JOLLA, CA 92037

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

John A. Belanich

Date 5/24/13

Daytime Phone # (619) 233-1903

Typed or printed name of signing Managing Member/Manager

CC
3-13