

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 14 AM 11:08

DOCUMENT # MO2000001277

1. Limited Liability Company's Name

WOODPLAY OF ORLANDO, LLC

200066841362
02/28/06--01060--012 **250.00

CR2E041 (8/05)

2. Principal Office Address

11459 BEACH BLVD
Suite, Apt. #, etc.

3. Mailing Office Address

11459 BEACH BLVD.
Suite, Apt. #, etc.

4. State/Country of Formation

N.C./KYAKE

5. Date Organized or Qualified
To Do Business in Florida

05/13/2002

City & State

JACKSONVILLE FLA

City & State

JACKSONVILLE FLA

Zip

32246

Country

USA

Zip

32246

Country

USA

6. FEI Number

020562767

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

B. Name and Address of Current Registered Agent

Name

ALBERT DINQUEL

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

11459 BEACH BLVD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32246

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

Albert Dinkel
REGISTERED AGENT MUST SIGN

Date 2-06-06

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
<u>MEM</u>	<u>JAMES W. SALLY</u>	<u>2101 HARROD ST</u>	<u>RALEIGH, N.C. 27604</u>
<u>MEM</u>	<u>JOHN L. SALLY, JR</u>	<u>2101 HARROD ST</u>	<u>RALEIGH, NC. 27604</u>

REINSTATEMENT 04-06

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

James W. Sally

Date 2/7/06

Daytime Phone # 919/875-4499

Typed or printed name of signing Managing Member/Manager

JAMES W. SALLY