

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 15 AM 11:06

1. DOCUMENT # M02000003343

Name and Mailing Address

0015939 01.MB 0.309 **AUTO T9 0 0615 31904-229886



STRAWBERRY PLACE APARTMENTS, LLC
6686 WOODBERRY ROAD
COLUMBUS GA 31904-2298



2. New Mailing Address

3500 University Ave Ste 2

City, State, Zip

Columbus GA 31907

Principal Place of Business

6686 WOODBERRY ROAD
COLUMBUS GA 31904

3. New Principal Place of Business Address

1400 Strawberry Place #1

City, State, Zip

Plant City, FL 33563

4. State/Country of Formation

GA

5. Date Organized or Qualified
To Do Business in Florida

12/13/2002

6. FEI Number 04-372740

APPLIED FOR

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

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

Dale W. Morris

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

Date 11-05-03

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
MGR	CHAD T. COTTRELL	3500 UNIVERSITY AVE, STE 2	COLUMBUS, GA 31907
			11/10/03 21064 014
			150.00

REINSTATEMENT

03
dec

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

SICILY REQUIRED

Date

11/3/03

Daytime Phone #

706-221-2630

Typed or printed name of signing Managing Member/Manager

CHAD T COTTRELL

CR2EQ34 (7/03)