

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 25 PM 4:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M03000004347

1. Limited Liability Company's Name

Freedom Resort & Spa, LLC

2. Principal Office Address

8600 W. Irlo Bronson Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

8600 W. Irlo Bronson Hwy

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34747-1001

Country

USA

Zip

34747-1001

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

12/30/2003

6. FEI Number

20-0351633

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

Vista Pros, LLC

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

222 S. Pennsylvania Avenue

Suite, Apt. #, Etc.

200

City

Winter Park

State

FL

Zip Code

32789

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

Robert Salter

Date

10/18/04

REGISTERED AGENT MUST SIGN

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	Vista Pros, LLC	222 S. Pennsylvania Ave. Ste 200	Winter Park, FL 32789

* REINSTATEMENT

2004

W/O Penalties fees

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

Robert Salter

Date

10/18/04

Daytime Phone #

407-647-2899

Typed or printed name of signing Managing Member/Manager

Vista Pros, LLC

CR2E041 (10/02)

2072

ROBERT P. SALTSMAN, P. A.

Attorney at Law

222 South Pennsylvania Avenue, Suite 200
Winter Park, Florida 32789
Telephone: (407) 647-2899
Telefax: (407) 628-2307

Post Office Box 2146
Winter Park, Florida 32790
Writer's E-Mail Address:
Bob@saltsmanpa.com

October 20, 2004

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

**Re: Limited Liability Company Reinstatement
Freedom Resort & Spa, LLC**

Dear Sir/Madam:

Enclosed is the Limited Liability Company Reinstatement for Freedom Resort & Spa, LLC. The company had not filed its annual report because it had not received its notice to file from the Secretary of State. Under the circumstances, we would respectfully request that the penalty for reinstatement be abated. Enclosed is a check in the amount of \$50.00 for the Annual Report Fee for the current year.

We appreciate and thank you for your attention and consideration. Please call us immediately if there are any questions.

Sincerely,



Robert P. Saltsman

RPS/no
Enclosures

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