

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 MAY 25 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M05000001589

1. Limited Liability Company's Name

D W Real Estate V LIMITED CO.

200181203192  
05/21/10--01038--009 \*\*793.75  
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 900 Buckeye Park Road Suite, Apt. #, etc.		3. Mailing Office Address 900 Buckeye Park Road Suite, Apt. #, etc.	
City & State Columbus, Ohio		City & State Columbus, Ohio	
Zip 43207	Country USA	Zip 43207	Country USA

4. State/Country of Formation Ohio	
5. Date Organized or Qualified To Do Business in Florida 03/24/2005	
6. FEI Number 31-1677277	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Walton B. Hallowes			
Street Address (P.O. Box Number is Not Acceptable) 2544 Fox Squirrel Court			
Suite, Apt. #, Etc.			
City Apopka	State FL	Zip Code 32712	

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 Walton B. Hallowes Date May 20, 2010  
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
MGRM	Daniel S. Wilson	900 Buckeye Park Road	Columbus, OH 43207

REINSTATEMENT 06-10

11. E-mail Address: DDaube@wilsonsturf.com

(To be used for future annual report notifications)

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 Daniel S. Wilson Date 05-18-10 Daytime Phone # 614-444-8873

Typed or printed name of signing Managing Member/Manager Daniel S. Wilson