

2052

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**LIMITED LIABILITY REINSTATEMENT
L/M NO. 3 (WELLEBY APTS.), LLC**

Certificate of Status	0
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Page Count	02
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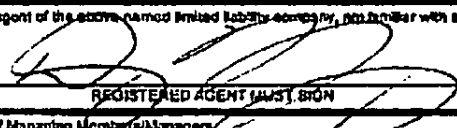
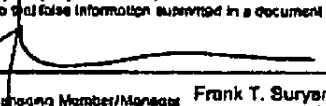
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M070000001013					
1. Limited Liability Company's Name L/M No. 3 (Welleby Apts.), LLC					
2. Principal Office Address - No P.O. Box # 4901 Birch Street Suite, Apt. #, etc.		3. Mailing Office Address 4901 Birch Street Suite, Apt. #, etc.		4. State/Country of Formation Delaware	
City & State Newport Beach, CA		City & State Newport Beach, CA		5. Date Organized or Qualified To Do Business in Florida 2/21/2007	
Zip 92660	Country USA	Zip 92660	Country USA	6. FEI Number 33-0051884	Applied For Not Applicable
8. Name and Address of Current Registered Agent NRAI NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, etc.				7. CERTIFICATE OF STATUS DESIRED ☐ \$500 Additional Fee required for a Certificate of Status	
City Plantation				E-mail Address: karlifarley@lyon1.com (To be used for future annual report notices)	
State FL				Zip Code 33324	
9. I, being appointed the registered agent of the above named limited liability company, do hereby with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent  Date 4/1/14 REGISTERED AGENT (MUST SIGN)					
10. Names and Street Addresses of Managing Members/Managers					
T/Sec	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager		City / State / Zip	
MGRM	Reflections at Welleby Partners, LLC	4901 Birch Street		Newport Beach, CA 92660	
MM	Frank T. Suryan, Jr.	4901 Birch Street		Newport Beach, CA 92660	
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 608.408, 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  Date 4/1/14 Daytime Phone # (849) 252-9101					
Typed or printed name of signing Managing Member/Manager Frank T. Suryan, Jr.					

K. ASHTON