

6/9/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
37 EAST BAYMEADOWS VILLAGES MANAGING CO., LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$516.25

RECEIVED
2017 JUN -9 PM 4:42
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SECRET
TALLAHASSEE, FLORIDALIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M14000002812

1. Limited Liability Company's Name

37 East Baymeadows Villages Managing Co., LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

999 Waterside Drive

Suite, Apt. #, etc.

Suite 2300

City & State

Norfolk, VA

Zip

23510

Country

USA

3. Mailing Office Address

999 Waterside Drive

Suite, Apt. #, etc.

Suite 2300

City & State

Norfolk, VA

Zip

23510

Country

USA

4. State/Country of Formation

DE/USA

5. Date Organized or Qualified
To Do Business in Florida

4/23/2014

6. FEI Number

☐ Applied For☒ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	T. Richard Litton, Jr.	999 Waterside Drive, Suite 2300	Norfolk, VA 23510

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 6/9/2017

Daytime Phone # 757-640-0800

Typed or printed name of signing Authorized Representative/Manager T. Richard Litton, Jr., Manager

RE 6/13/17