PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 JAN 17 PM 1:18

800294427488

DOCUMENT # M15000001750

1. Limited Liability Company's Name
FLT SPANISH OAKS, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2082 MICHELSON DRIVE	2082 MICHELSON DRIVE
Suite, Apt. #, etc.: 4TH FLOOR	Suite, Apt. #, etc.: 4TH FLOOR
City & State: IRVINE, CA	City & State: IRVINE, CA
Zip: 92612 Country: USA	Zip: 92612 Country: USA

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business in Florida: 03/6/15

6. FEI Number: ☐ 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: 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: Naseem A. Conde Date: 1.17.17

REGISTERED AGENT MUST SIGN Naseem A. Conde Special Assistant Secretary

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
MGR	MICHAEL B. EARL	2082 MICHELSON DRIVE, 4TH FLOOR	IRVINE, CA 92612
	REINSTATEMENT 2016-2017		

11. E-mail Address: NANCY@DUBONNET.LAW
(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 605, 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: 1-17-17 Daytime Phone #: 949-399-2525

Typed or printed name of signing Authorized Representative/Manager: MICHAEL B. EARL, MANAGER

FL110 - 01/28/2014 Wolters Kluwer Online

JAN 17 2017

L BERGER

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724
850-508-1891 (cell)

Date: 1/17/17

ACCT. 120160000072

Name:	FLT SPANISH OAKS, LLC
Document #:	
Order #:	10331002

Certified Copy of Arts & Amend:				
~~Plain Copy:~~				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

Filing:	Certified:
	(Plain:)
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 327.50

RECEIVED
DEPARTMENT OF STATE
17 JAN 17 PM 3:58

Thank you!