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 AM 10:03

900294408329

CR2E041 (1/14)

DOCUMENT # M15000008198

1. Limited Liability Company's Name
FPA OCALA-WESTERN, LLC

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

4. State/Country of Formation
DELAWARE

5. Date Organized or Qualified To Do Business in Florida
10/13/15

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
CT CORPORATION SYSTEMS

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 Special Assistant Secretary Date: 1.13.17
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
MBR	FPA WESTERN HILLS ASSOCIATES, LLC	2082 MICHELSON DRIVE, 4TH FLR	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: 1-13-17 Daytime Phone #: 949-399-2525

Typed or printed name of signing Authorized Representative/Manager: Michael B. Earl

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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. I20160000072

Eric DW

Name:	FPA Ocala-Western, LLC
Document #:	
Order #:	103295477

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

Filing: ~~X~~ Certified:
Plain: (circled)
COGS:

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

Amount: $ 377.50

100 - fee
138.75 2016
138.75 2017

JAN 17 PM 12:11

Thank you!