

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 OCT 25 PM 2: 30

DOCUMENT # M15000008240

1. Limited Liability Company's Name
Williston Crossings West, LLC

| | | | |
|---|-----------------------|--|-----------------------|
| 2. Principal Office Address - No P.O. Box # 2300 Snow Goose Drive | | 3. Mailing Office Address P. O. Box 1528 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Chesapeake, VA | | City & State Chesapeake, VA | |
| Zip 23320 | Country USA | Zip 23327 | Country USA |

CR2E041 (1/14)

| | |
|--|--|
| 4. State/Country of Formation Virginia | |
| 5. Date Organized or Qualified To Do Business in Florida 10/14/15 | |
| 6. FEI Number 47-5186268 | Applied For <input type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status | |

8. Name and Address of Current Registered Agent

| | | |
|--|--------------------|--------------------------|
| Name Registered Agent Solutions, Inc. | | |
| Street Address (P.O. Box Number is Not Acceptable) Suite, 155 Office Plaza Drive | | |
| Apt. #, Etc. Suite A | | |
| City Tallahassee | State FL | Zip Code 32301 |

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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 *[Signature]* **Assistant Secretary** Date **10/24/16**
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 |
|--------|---|--|----------------------|
| Mgr | Company Manager, LC, its manager | 2300 Snow Goose Drive | Chesapeake, VA 23320 |
| Mgr | R. Braxton Hill, III | 2300 Snow Goose Drive | Chesapeake, VA 23320 |
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REINSTATEMENT

11. E-mail Address: **tcummings@arcaplc.biz**

(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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member *[Signature]* Date **10/20/16** Daytime Phone # **757-963-5683**

Typed or printed name of signing authorized representative/member