

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 15 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address
of Limited Liability Company

DOCUMENT # M9500000070

SEASONS OF SARASOTA LIMITED LIABILITY COMPANY, L.C.

1a. Principal Place of Business Address

9555 DRY FORK ROAD
HARRISON, OHIO 45030-1994

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

2 Mailing Address

SAME

2a. Principal Place of Business

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

03/24/1995

3a. State of Formation

WY

4. FEI Number

31-1424574

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

11/4/96

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGRM

STETHEM, JANES H

255 EAST FIFTH STREET

CINCINNATI OH 45202

MGRM

THOMAS, HOWARD G.

9555 DRY FORK ROAD

HARRISON, OH 45030

REINSTATEMENT

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****738.75 ****738.75

11-18-96

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 608.406, 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.

Signature of
Managing Member/Manager

Thomas

Date

10/29/96

Daytime Phone # 513 347-7302

Typed or printed name of signing Managing Member/Manager

HG Thomas