

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M97000000693**

1. Limited Liability Company's Name

Orlando Option Holding, L.L.C.

2. Principal Office Address

2603B Maitland Center Parkway

Suite, Apt. #, etc.

City & State

Maitland, Florida

Zip

32751

Country

USA

3. Mailing Office Address

2603B Maitland Center Parkway

Suite, Apt. #, etc.

City & State

Maitland, Florida

Zip

32751

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

10/20/97

6. FEI Number

13-3970554

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

Clifford Stein

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

2603B Maitland Center Parkway

Suite, Apt. #, Etc.

City

Maitland,

State

FL

Zip Code

32751

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

*Clifford Stein*

REGISTERED AGENT MUST SIGN

Date 3/11/03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Clifford Stein	2603B Maitland Center Parkway	Maitland, FL 32751

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

*Clifford Stein*

Date

03/11/03

Daytime Phone #

407-659-0120

Typed or printed name of signing Managing Member/Manager Clifford Stein

CR2E041 (10/02)