

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICANT
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
CONTRACTS

FILED

NOV 12 PM 1:58

1. DOCUMENT # M99000000145

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0000540 01 FP 0.352 **PRSRT T2 0 0615 32765-586100



MEADOWBROOK EKANA, LLC
2100 EKANA DRIVE
OVIEDO FL 32765-5861



2. New Mailing Address

8390 ChampionsGate Blvd, Ste 200

City, State, Zip
ChampionsGate, FL 33896

Principal Place of Business

2100 EKANA DRIVE
OVIEDO FL 32765

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

02/02/1999

6. FEI Number

95-4726275

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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 Cynthia L. Harris
Cynthia L. Harris
as its agent

Date 11/8/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MEADOWBROOK GOLF GROUP, INC.	345 N. MAPLE DRIVE, SUITE 200 8390 ChampionsGate Blvd. Suite 200	CHAMPIONS GATE, FL 33896

REINSTATEMENT

100008901511

12. 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

Date 11/4/02

Daytime Phone # (407) 589-7200

Typed or printed name of signing Managing Member/Manager

Calvin C Sellers III



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 810065 7205268

AUTHORIZATION : *Patricia K. Kight*

COST LIMIT : \$ 150.00

ORDER DATE : November 6, 2002

ORDER TIME : 3:25 PM

ORDER NO. : 810065-005

CUSTOMER NO: 7205268

CUSTOMER: Ms. Sarah Lindberg
Meadowbrook Group, Inc.
8390 Championsgate Blvd.
Suite 200
Champions Gate, FL 33896

APPLICATION FOR REINSTATEMENT

NAME: MEADOWBROOK EKANA, LLC

XX APPLICATION FOR REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons - Ext. 1139

EXAMINER'S INITIALS: _____