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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
08 OCT 29 AM 10:25
DIVISION OF CORPORATIONS

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000001775

1. Corporation Name

APF AT LLB PROPERTY OWNERS' ASSOCATION, INC.

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
450 South Orange Avenue		450 S. Orange Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
11th Floor		11th Floor	
City & State		City & State	
Orlando, FL		Orlando, FL	
Zip	Country	Zip	Country
32801	USA	32801	USA

4. Date Incorporated or Qualified To Do Business in Florida: March 13, 2001

5. FEI Number: 59-3715437 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Joel A. Rodriguez, Corporate Ops. Manager — Date: 10/29/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/O	Dale Van Gelder	450 South Orange Avenue	Orlando, FL 32801
D/O	Debbie Hester	450 South Orange Avenue	Orlando, FL 32801
		REINSTATEMENT 07-08	

B 10/31/08

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: [signature] 10/22/08 407-540-2564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P08000245984

Division of Corporations

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

(4) Please
date 10/29/08

CORPORATION REINSTATEMENT

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Certificate of Status	1
Certified Copy	0
Page Count	3
Estimated Charge	$30.00

$122.50

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