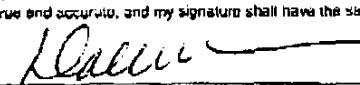


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
 FILED
 DIVISION OF CORPORATIONS

08 OCT 29 AM 10:25

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR2E081 (10/08)	
DOCUMENT # 701000001775					
1. Corporation Name APF AT LLB PROPERTY OWNERS' ASSOCIATION, INC.					
2. Principal Office Address - No P.O. Box # 450 South Orange Avenue		3. Mailing Office Address 450 S. Orange Avenue			
Suite, Apt. #, etc. 11th Floor		Suite, Apt. #, etc. 11th Floor			
City & State Orlando, FL		City & State Orlando, FL		4. Date incorporated or qualified to do business in Florida March 13, 2001	
Zip 32801	Country USA	Zip 32801	Country USA	5. FEI Number 59-3715437	
				Applied For ☐	
				Not Applicable ☐	
6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 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		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0803 or 617.0503, F.S.					
Signature of Registered Agent 		Date 10/29/08		Joel A. Rodriguez Corporate Ops. Manager	
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	Names 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	
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: 		Date 10/22/08		407-540-2564	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

10/31/08

REINSTATEMENT 67-08

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

ⓧ Please
date 10/29/08

CORPORATION REINSTATEMENT

APF AT LLB PROPERTY OWNERS' ASSOCIATION, INC.

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