

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY -6 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002221

1. Corporation Name

LLF2 Facilities Association, Inc.

REINSTATEMENT 01-03

500018303195
05/06/03--01094--009 **358.75

2. Principal Office Address

4902 Eisenhower Blvd.

Suite, Apt. #, etc.

380

City & State

Tampa, Florida

Zip

33634

Country

USA

3. Mailing Office Address

4902 Eisenhower Blvd.

Suite, Apt. #, etc.

380

City & State

Tampa, Florida

Zip

33634

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/17/1998

5. FEI Number

593510447

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

Betty D. Valenti

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

4902 Eisenhower Blvd.

Suite, Apt. #, Etc.

380

City

Tampa

State

FL

Zip Code

33634

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

Betty D. Valenti

REGISTERED AGENT MUST SIGN

Date

4/22/03

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
PD	Valenti, Betty D.	4902 Eisenhower Blvd. Ste. 380	Tampa, FL 33634
VD	Miller, Francine	311 Park Place Blvd., Ste 600	Clearwater, FL 33759
STD	Small, Ed	311 Park Place Blvd., Ste. 600	Clearwater, FL 33759

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 under section 119.07(3)(i), 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:

Betty D. Valenti

BETTY D. VALENTI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/22/03

Daytime Phone #

813-901-5263

CR2E081 (10/02)