

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAY 17 PM 4:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 700165

1. Limited Liability Company's Name

Arbor Apartments, L.C.

**REINSTATEMENT**

1999-2004

2. Principal Office Address

2411 S.W. 35<sup>th</sup> Place

Suite, Apt. #, etc.

Office

City & State

Gainesville, FL

Zip

32608

Country

USA

3. Mailing Office Address

P.O. Box 24943

Suite, Apt. #, etc.

City & State

Ft Lauderdale, FL

Zip

33307

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

12-27-89

6. FEI Number

65-0262-803

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

Bradford C. Banta

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

2411 S.W. 35<sup>th</sup> Place - Office

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32608

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

*Bradford C. Banta*

Date

4-29-04

REGISTERED AGENT MUST SIGN

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
MGRM	Bradford C. Banta	1409 Middle River Drive	Ft Lauderdale, FL 33304

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

*Bradford C. Banta*

Date

4-29-04

Daytime Phone #

954-566-0759

Typed or printed name of signing Managing Member/Manager

Bradford C. Banta

CR2E041 (10/02)