

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 10 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000006058

Name and Mailing Address

0005133 01 FP 0.352 \*\*PRSR T6 0 0615 33706-426703

SPRING ESTATES SOUTH LLC  
1605 GULF WAY, UNIT 3  
PASS-A-GRILL FL 33706-4267

600008946536  
11/13/02--01008--006 \*\*150.00



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1605 GULF WAY, UNIT 3 PASS-A-GRILL FL 33706		5. Date Organized or Qualified To Do Business in Florida 04/18/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number NOT REQUIRED Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of New Registered Agent Name: GERAUD GLASSEY Street Address (P.O. Box Number is Not Acceptable): 1605 GULF WAY, UNIT 3 City: PASS-A-GRILL FL Zip Code: 33706	
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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: *[Signature]* Date: 11-6-02  
REGISTERED AGENT MUST SIGN

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRESIDENT	GERAUD A. GLASSEY	1605 GULF WAY UNIT 3	ST. PETERS BEACH, FLA. 33706

REINSTATEMENT 02 dec

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: *[Signature]* Date: 11-6-02 Daytime Phone #: 727 367 6777

Typed or printed name of signing Managing Member/Manager