L02000017180

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN -6 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000017180

1. Limited Liability Company's Name

SAVANNA LAKES LLC

100026162811
01/06/04--01060--002 **150.00

2. Principal Office Address	3. Mailing Office Address
433 South Main St.	433 South Main St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 300	Suite 300
City & State	City & State
West Hartford, CT	West Hartford, CT
Zip / Country	Zip / Country
06110 / USA	06110 / USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 7/9/2002

6. FEI Number: 13-4205897 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Chad P. LaBonte

Street Address (P.O. Box Number is Not Acceptable): 222 South U.S. Highway #1

Suite, Apt. #, Etc.: Suite 209

City: Tequesta | State: FL | Zip Code: 33469

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: [signature] Date: 12/30/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member(s)/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Devcon Fort Pierce LLC, CT Limited Liability Co.	433 South Main Street Suite 300	West Hartford, CT 06110

2003 M THOMAS

REINSTATEMENT

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 608.408, 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: 12/30/03 Daytime Phone #: 860-521-6999

Typed or printed name of signing Managing Member/Manager: Devcon Fort Pierce LLC, By Chad P. LaBonte, Manager