

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

2002 OCT 25 AM 11:17

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000000994

Name and Mailing Address

0008981 01 FP\_0.352 \*\*PRSRT H9 0 0615 32082-217132



VADERSON DESIGN GROUP, L.L.C.

132 DEER HAVEN DRIVE

PONTE VEDRA BEACH FL 32082-2171



2. New Mailing Address

City, State, Zip

Principal Place of Business

132 DEER HAVEN DRIVE  
PONTE VEDRA BEACH FL 32082

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

01/20/2000

6. FEI Number

59-3620364

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

WALKER, JAMES V  
217 PONTE VEDRA PARK DRIVE, SUITE 200  
PONTE VEDRA BEACH FL 32082

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	VADERSEN, ERNEST	132 DEER HAVEN DRIVE	PONTE VEDRA BEACH FL 32082

800008585168  
10/25/02--01022--001 \*\*150.00

12. I certify that I am managing member/manager of 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

Date 10.22.02

Daytime Phone # 904 5431806

Typed or printed name of signing Managing Member/Manager