

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 15 AM 11:06

1. DOCUMENT # L00000000994

Name and Mailing Address

0001173 01 AT 0.292 **AUTO T6 2 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

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

01/20/2000

Principal Place of Business
132 DEER HAVEN DRIVE
PONTE VEDRA BEACH FL 32082

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
59-3620364

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

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)

228 Ponte Vedra Park Drive, Suite 200

City

Ponte Vedra Beach

FL

Zip Code
32082

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

James V Walker

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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

400024527754
11/10/09--01001--023 **150.00

REINSTATEMENT

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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

Ernest R. Vadersen

Date 10-29-07

Daytime Phone # 804 543 1806

Typed or printed name of signing Managing Member/Manager

Ernest R. Vadersen

CR2E034 (7/03)