

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUL -3 PM 2:39

**DOCUMENT # L00000006522**

1. Limited Liability Company's Name

**MONTREAUX DEVELOPMENT GROUP, L.L.C.**

*W08-30899*

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

**708 SW 16TH AVENUE**

Suite, Apt. #, etc.

**MANAGEMENT OFFICE**

City & State

**GAINESVILLE FL 32601**

Zip

**32601**

Country

**Alachua**

3. Mailing Office Address

**708 SW 16TH AVENUE**

Suite, Apt. #, etc.

**MANAGEMENT OFFICE**

City & State

**GAINESVILLE FL**

Zip

**32601**

Country

**Alachua**

4. State/Country of Formation

**Florida/Alachua**

5. Date Organized or Qualified  
To Do Business in Florida

**06/02/2000**

6. FEI Number

**520000015 35-2065921**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

SEE INSTRUCTIONS FOR  
REINSTATEMENT

8. Name and Address of Current Registered Agent

Name

**STEWART, SUSAN**

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

**708 SW 16TH AVENUE**

Suite, Apt. #, Etc.

**MANAGEMENT OFFICE**

City

**GAINESVILLE FL 32601**

State

**FL**

Zip Code

**32601**

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

*Susan Stewart*

REGISTERED AGENT MUST SIGN

Date

*17 June 08*

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
MGR	Fred Harms	708 SW 16TH AVENUE BUSINESS Q	GAINESVILLE FL 32601
			500131676195 07/21/08-01014--008 **416.25
			500131676195 06/25/08-01019--010 **238.75

**REINSTATEMENT**

*06-08*

Signature of

Managing Member/Manager

Date

*Jun 23-08*

Daytime Phone #

*404-819-3337*

Typed or printed name of signing Managing Member/Manager

*Fred Harms*

*FF \$655*