

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE
Katherine I. ...
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN -9 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-01/16/02--01027--004
****150.00 ****150.00

DOCUMENT # L00000006722

1. Limited Liability Company's Name

SPRINGER, LLC

2. Principal Office Address

6757 Versailles St

Suite, Apt. #, etc.

Lake Worth

City & State

FL-33467

Zip

Country

3. Mailing Office Address

3089 CHATEAU LANE

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS

Zip

Country

33410 USA

4. State/Country of Formation

PALM BEACH COUNTY

5. Date Organized or Qualified
To Do Business in Florida

6/7/2000

6. FEI Number

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

Name

SYD SPRINGER

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

6757 Versailles St

Suite, Apt. #, Etc.

L. W. FL 33467

City

State

Zip Code

FL

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
Registered Agent

Syd Springer

REGISTERED AGENT MUST SIGN

Date 11/5/01

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
MEMBER	ALAN SPRINGER	3089 CHATEAU LANE P.B.G.	FL 33410

REINSTATEMENT 2001

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 608.406, 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

Alan Springer

Date 12/10/01 Daytime Phone # 561-775-5673

Typed or printed name of signing Managing Member/Manager