

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
Jimmie  
DIVISION OF CORPORATIONS

FILED

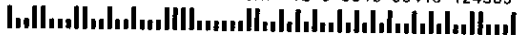
1. DOCUMENT # L00000006722

Name and Mailing Address

02 NOV 25 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0003945 01 FP 0.352 \*\*PRSR T2 0 0615 33410-124589



SPRINGER, LLC  
3089 CHATEAU LANE  
PALM BEACH GARDENS FL 33410-1245



2. New Mailing Address

City, State, Zip

Principal Place of Business

6757 VERSAILLES COURT  
LAKE WORTH FL 33467

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

06/07/2000

6. FEI Number 65-1157171  
APPLIED FOR

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

SPRINGER, SYD  
6757 VERSAILLES COURT  
LAKE WORTH FL 33467

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

300004777303

Date 01/16/02 01027 004

\*150.00

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
MGRM	SPRINGER, ALAN	3089 CHATEAU LANE	PALM BEACH GARDENS FL 33410

REINSTATEMENT 2002

12/2 mst

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

Date

11/17/2002

Daytime Phone #

561-775-5673

Typed or printed name of signing Managing Member/Manager