

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 24 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000016013

1. Limited Liability Company's Name

RIVERBIRCH DEVELOPERS LLC

2. Principal Office Address

19787 OAKBROOK CIR

3. Mailing Office Address

19787 OAKBROOK CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33434

Country

USA

Zip

33434

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

1/1/01

6. FEI Number

65-1063099

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

JOHN MICALFE

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

975 SW 11TH COURT

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33486

100004762551-1

-01/09/02--01044--020

****150.00 ****150.00

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

J. Micalfe

REGISTERED AGENT MUST SIGN

Date 12/18/01

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
MR	JOHN MICALFE	975 SW 11TH COURT	BOCA RATON, FL 33486
MR	LOU STEINER	19787 OAKBROOK CIR	BOCA RATON, FL 33434
MR	GARY KATZ	7516 MANOLANY BEND PLACE	BOCA RATON, FL 33434

REINSTATEMENT

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

[Signature]

Date 12/18/01

Daytime Phone # 561-487-3330

Typed or printed name of signing Managing Member/Manager