

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
02 DEC 10 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000006058

Name and Mailing Address

0005133 01 FP 0.352 \*\*PRSR T6 0 0615 33706-426703



SPRING ESTATES SOUTH LLC  
1605 GULF WAY, UNIT 3  
PASS-A-GRILL FL 33706-4267

600008946536  
11/13/02--01008--006 \*\*150.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

1605 GULF WAY, UNIT 3  
PASS-A-GRILL FL 33706

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

04/18/2001

6. FEI Number

NOT REQUIRED

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

GERARD GLASSEY

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

1605 GULF WAY, UNIT 3

City

PASS-A-GRILL

FL

Zip Code

33706

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

Date

11-6-02

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
PRESIDENT	GERARD A. GLASSEY	1605 GULF WAY UNIT 3	ST. PETERS BEACH, FLA. 33706

REINSTATEMENT

02  
dec

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

11-6-02

Daytime Phone #

727 367 6777

Typed or printed name of signing Managing Member/Manager