

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 10 PM 3:27

DOCUMENT # L01000006833

1. Limited Liability Company's Name

SPRINGFIELD LLC

500030248125
03/10/04--01077--011 **255.00

2. Principal Office Address

150 REMSEN STREET

Suite, Apt. #, etc.

#24

City & State

BROOKLYN, N.Y.

Zip

11201

Country

U.S.A.

3. Mailing Office Address

150 REMSEN STREET

Suite, Apt. #, etc.

#24

City & State

BROOKLYN, N.Y.

Zip

11201

Country

U.S.A.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

APRIL 30, 2001

6. FEI Number

20-0804991

☒ 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

MAGDALENA CASTRO

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

1817 BOULEVARD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32206

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

M Magdalena Castro

Date

3-4-04

REGISTERED AGENT MUST SIGN

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	DONALD J BURKITT	150 REMSEN STREET #24	BROOKLYN, N.Y. 11201
MGR	LISA M BURKITT	150 REMSEN STREET #24	BROOKLYN, N.Y. 11201

REINSTATEMENT

02-24-04

dec

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

Donald J. Burkitt

Date 3/3/04

Daytime Phone # 718-797-5039

Typed or printed name of signing Managing Member/Manager

DONALD J. BURKITT

CR2E041 (10/02)

**Florida Department of State
Certificate of Administrative Dissolution or Revocation**

On June 30, 2003, the Florida Department of State notified the limited liability company indicated below of its intent to dissolve/revoke said limited liability company for failure to file its 2003 uniform business report. Having met the requirements of Section 608, Florida Statutes, this limited liability company is hereby administratively dissolved or revoked effective September 26, 2003, for failure to file its 2003 uniform business report pursuant to Chapter 608, Florida Statutes.



M02000000613
CRB BUILDERS, L.L.C.

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capitol, this the 26th day of September, 2003.

Glenda E. Hood

Glenda E. Hood, Secretary of State

This limited liability company may be reinstated by filing the attached Application for Reinstatement signed by the Registered Agent and a managing member/manager and paying \$150.00 before January 1, 2004. After January 1, 2004 total amount due is \$200.00.