

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



DOCUMENT # L01000020187

Shafer Development, LLC

10/4/02

OK

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip	Country
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5. Date Organized or Qualified To Do Business in Florida 11/21/02

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **\$5.00 Additional Fee required for a Certificate of Status**

Name **HOWARD SHAFER**

Street Address (P.O. Box Number is Not Acceptable) **450-106 S.R. 13 North**

Suite, Apt. #, Etc. **#201**

City **JACKSONVILLE**

State FL	Zip Code 32259
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Signature of Registered Agent W L D W L
REGISTERED AGENT MUST SIGN

Date 2/21/01

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HOWARD SHAFER	450-106 S.R. 13 North, #201	JACKSONVILLE, FL 32259
			800029467648
	REINSTATEMENT 2002-2004		

Signature of Managing Member/Manager W H S N L L Date 2/25/09 Daytime Phone# (404) 237-7497

Typed or printed name of signing Managing Member/Manager HOWARD S SHAFFER

Daytime Phone# (404) 237 7491

CR2E041 (10/02)



LO1000020187

ACCOUNT NO. : 072100000032

REFERENCE : 460547 7173132

AUTHORIZATION :

COST LIMIT : \$ 250.00

Patricia Pigute

ORDER DATE : February 26, 2004

ORDER TIME : 10:33 AM

ORDER NO. : 460547-005

CUSTOMER NO: 7173132

CUSTOMER: Dennis Blackburn, Esq.
Blackburn & Company, L.c.
Building 5
5150 Belfort Road South
Jacksonville, FL 32256

BK

FILED
04 FEB 26 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: SHAFER DEVELOPMENT, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____

RECEIVED
04 FEB 26 PM 12:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA