

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 MAR 20 AM 11:30

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000022773**

1. Limited Liability Company's Name

Generation Success at Weston Florida, LLC

2. Principal Office Address

3592 SW Vollmer St.

Suite, Apt. #, etc.

3. Mailing Office Address

3592 SW Vollmer St.

Suite, Apt. #, etc.

City & State

Port Saint Lucie, FL

City & State

Port Saint Lucie, FL

Zip

34953

Country

USA

Zip

34953

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12/28/2001

6. FEI Number

41-2029611

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

Don Bruno

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

3592 SW Vollmer St.

Suite, Apt. #, Etc.

City

Port Saint Lucie

State

FL

Zip Code

34953

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

*Don Bruno*

Date 3/12/03

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	Don Bruno	3592 SW Vollmer St.	Port Saint Lucie, FL 34953

REINSTATEMENT 2002-03

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 808.406, 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

*Don Bruno*

Date 3/12/03

Daytime Phone # 772 873 5796

Typed or printed name of signing Managing Member/Manager Don Bruno

CFR2041 (10/02)