

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY 14 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000005267

1. Limited Liability Company's Name

Bradenton Riverfront Properties, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

6000 Lake Forrest Dr

Suite, Apt. #, etc.

Suite 560

City & State

Atlanta, Ga

Zip

30328

Country

USA

3. Mailing Office Address

6000 Lake Forrest Dr

Suite, Apt. #, etc.

Suite 560

City & State

Atlanta, GA

Zip

30328

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

2002

6. FEI Number

02055990

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

Vogler Ashton PLLC

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

1771 Manatee Ave. W

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Eduard Vogler II, President Vogler Ashton, PLLC Date 4-25-2008

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	Hatfield Development Company, Inc.	6000 Lake Forrest Dr Suite 560	Atlanta, GA 30328
	L. SELLERS		
	MAY 16 2008		
	EXAMINER		

400138111924
05/01/08--01052--011 **655.00

REINSTATEMENT 05-08

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

Robert Hatfield

Date

4-23-08

Daytime Phone# 404-943-0100

Typed or printed name of signing Managing Member/Manager Robert Hatfield