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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Wanda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:52

DOCUMENT # L02000018529

Name and Mailing Address

0012644 01 AT 0.292 **AUTO T6 0 0615 33462-475320



SPOONBILL PARTNERS III, LLC

20 SPOONBILL ROAD

MANALAPAN FL 33462-4753



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/22/2002	
Principal Place of Business 20 SPOONBILL ROAD MANALAPAN FL 33462	3. New Principal Place of Business Address City, State, Zip	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent SCHAIN, RONALD D 2699 STIRLING ROAD STE B206 FORT LAUDERDALE FL 33312		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100024059821 10/24/03--01012--013 **150.00 City FL Zip Code	
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 SIGNATURE REQUIRED Date REGISTERED AGENT MUST SIGN			
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
mgr	Ethan Wertz	20 Spoonbill Rd	Manalapan, FL 33462
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 SIGNATURE REQUIRED Date Daytime Phone # Typed or printed name of signing Managing Member/Manager			