

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 10 AM 9:53

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000032518

1. Limited Liability Company's Name

EMERALD DEVELOPERS, LLC

2. Principal Office Address

252 SW 12th Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Zip

33442

Country

Zip

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

December 4, 2002

6. FEI Number

56-2318857

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

Walter Sweeting

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

5007 S.W. 167th Avenue

Suite, Apt. #, Etc.

City

Miramar

**State
FL**

**Zip Code
33027**

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**

Date July 8, 2006

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
MGRM	Walter Sweeting	5007 SW 167th Ave	Miramar, Florida 33027
MGRM	Joseph B Sidman	22633 Caravelle Circle	Boca Raton, FL 33433

REINSTATEMENT

04-06

700077728517

07/19/06--01047--006 **255.00

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**

Date July 8, 2006

Daytime Phone # 954.303.3596

Typed or printed name of signing Managing Member/Manager

Walter Sweeting