

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 30 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L-03000001668

1. Limited Liability Company's Name

Bright Lake Estates, L.L.C.

2. Principal Office Address

11102 Lake Minneola  
Suite, Apt. #, etc. Shores

3. Mailing Office Address

5250 Carter Rd.  
Suite, Apt. #, etc.

City & State

Clermont, FL.

City & State

Lake Mary FL.

Zip

34711

Country

Lake

Zip

32746

Country

Seminole

4. State/Country of Formation

Lake Co., FL.

5. Date Organized or Qualified

To Do Business in Florida 9/13/02

6. FEI Number

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

MATTHEW SEIBEL

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

5250 Carter Rd.

Suite, Apt. #, Etc.

City

Lake Mary, FL.

State

FL

Zip Code

32746

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 68, F.S.

Signature of  
Registered Agent

MATTHEW SEIBEL

REGISTERED AGENT MUST SIGN

Date 1-26-04

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
MEM	Langley, Randall B.	P.O. Box 120355	Clermont, FL 34712
MEM	SEIBEL, Matthew A.	5250 Carter. Rd.	Lake Mary, FL 32746

REINSTATEMENT

03.04  
dec

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 68, 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 68.46, 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

MATTHEW SEIBEL

Date 1-26

Daytime Phone#

407  
468-

Typed or printed name of signing Managing Member/Manager