

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000008111

1. Limited Liability Company's Name

BATTIN DEVELOPMENT, LLC

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

407 Carysfort Circle

Suite, Apt. #, etc.

City & State

Key Largo, FL

Zip

33037

Country

USA

3. Mailing Office Address

10 Avenue of Two Rivers South

Suite, Apt. #, etc.

City & State

Rumson, NJ

Zip

07760

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

03/05/2003

6. FSI Number

48-1302818

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

Samuel A. Persaud, Esq.

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

201 North Krome Avenue

Suite, Apt. #, Etc.

Suite 200

City

Homestead

State

FL

Zip Code

33030

☐ 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

Date

12/18/07

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	James P. Kennedy	407 Carysfort Circle	Key Largo, FL 33037

700113518587
12/31/07--01024--023 **250.00

REINSTATEMENT 05-07

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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

12/28/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager