

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 MAY -6 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100207272191  
05/06/11--01002--022 \*\*\$55.00

CR2E041 (1/11)

DOCUMENT # L03000031974

1. Limited Liability Company's Name

University Village at Melbourne LLC

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

1001 N. Federal Hwy

Suite, Apt. #, etc.

# 315

City & State

Hallandale, FL

Zip

33009

Country

USA

3. Mailing Office Address

1001 N. Federal Hwy

Suite, Apt. #, etc.

# 315

City & State

Hallandale, FL

Zip

33009

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

8/26/03

6. FEI Number

03-0527063

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

Florida Developers group LLC

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

1001 N. Federal Hwy

Suite, Apt. #, Etc.

# 315

City

Hallandale, FL

State

FL

Zip Code

33009

E-mail Address:

thevillageatmelbourne@gmail.com  
(To be used for future annual report notices)

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

5/3/11

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	Miami Developers group LLC	1001 N. Federal Hwy # 315	Hallandale, FL 33009

**REINSTATEMENT** 2008-11 JRM

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Date

5/3/11

Daytime Phone #

321 984 9033

Typed or printed name of signing Managing Member/Manager

Amram Adas