

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000041635

1. Entity Name
SIGNATURE DEVELOPMENT, LLC



Principal Place of Business Mailing Address
~~125 N.E. SECOND AVE.~~ ~~125 N.E. SECOND AVE.~~
~~DEERFIELD BEACH, FL 33441~~ ~~DEERFIELD BEACH, FL 33441~~

2. Principal Place of Business 3. Mailing Address
1631 NE 15 Ave 1631 NE 15 Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Fort Lauderdale, FL Fort Lauderdale, FL
Zip Country Zip Country
33305 USA 33305 USA

10052004 REIN-LLC CR2E101 (6/04) 10/5

4. FEI Number Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALTERS, DONALD R
C/O HUME & JOHNSON P.A.
1401 UNIVERSITY DR., STE. 301
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] 5 OCT 04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
MGR Lawrence B. Steele, IV
STREET ADDRESS 1631 NE 15 Ave
CITY-ST-ZIP Fort Lauderdale, FL 33305

TITLE NAME ☐ Delete
MGR Ryan M. Wiegand - MGR
STREET ADDRESS 8942 NW 10th Street
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE NAME ☐ Delete
MGR Theodore F. Cava
STREET ADDRESS 4905 Kensington Circle
CITY-ST-ZIP Coral Springs, FL 33076

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000041670860
CITY-ST-ZIP 10/07/04--01051--001 **\$5.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] 5 OCT 04 954.448.0972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #