

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04 000Q36091

1. Limited Liability Company's Name

FAIRWAY H P DEVELOPMENT, L.L.C.

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

3811 65TH AVE. E.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34243

Country

USA

3. Mailing Office Address

3811 65TH AVE. E.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34243

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida  
5/12/2004

6. FEI Number

202261726

☐ Applied For

☐ Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/14)

FILED

14 JUL 11 PM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800262199908  
07/11/14--01039--008 \*\*655.00

8. Name and Address of Current Registered Agent

Name

ROBERT C. MOREY

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

3811 65TH AVE. E.

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34243

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

7-7-14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	FAIRWAY DEVELOPEMENT GROUP, INC.	3811 65TH AVE. E.	SARASOTA, FL 34243

11. E-mail Address: rmorev02@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

7-7-14

Daytime Phone # 941-232-6580

Typed or printed name of signing Authorized Representative/Manager

ROBERT C. MOREY, President