

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L040000036924**

1. Limited Liability Company's Name

Village Green of Port St. Lucie, LLC

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

407 Creekview Trail

Suite, Apt. #, etc

3. Mailing Office Address

407 Creekview Trail

Suite, Apt. #, etc

City & State

Smyrna, Ga

City & State

Smyrna, Ga

Zip

30082

Country

USA

Zip

30082

Country

USA

200162842
11/16/09--01006--011 ***377.50
CR2E041 (11/09)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

5/14/04

6. FEI Number

20-1173198

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

Katherine J. Jaffin

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

1469 SE Village Green Dr.

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34952

☐ 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.

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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

[Signature]

REGISTERED AGENT MUST SIGN

Date **11/11/09**

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	Charles M. Reng	407 Creekview Trail	Smyrna, Ga 30082

REINSTATEMENT 08-09

11. E-mail Address: **st@rgireresults.com**

(To be used for future annual report notifications)

12. 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

[Signature]

Date **11/11/09**

Daytime Phone # **678.358.4142**

Typed or printed name of signing Managing Member/Manager