

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 AUG -4 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000056417

1. Limited Liability Company's Name

SPRINGDALE ROAD, LLC

~~08/04/09 01024 001 \*\*655.00~~

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #  
3300 S. CONGRESS AVENUE

3. Mailing Office Address  
3300 S. CONGRESS AVENUE

Suite, Apt. #, etc.

SUITE 5

Suite, Apt. #, etc.

SUITE 5

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

Zip

33426

Country

USA

Zip

33426

Country

USA

4. State/Country of Formation  
FLORIDA/USA

5. Date Organized or Qualified  
To Do Business in Florida 07/09/2004

6. FEI Number

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

JEFFERY S. WOOSTER

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

3300 S. CONGRESS AVENUE

Suite, Apt. #, Etc.

SUITE 5

City

BOYNTON

State

FL

Zip Code

33426

☐ 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

REGISTERED AGENT MUST SIGN

Date

8-3-09

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	JEFFERY S. WOOSTER	3300 S. CONGRESS AVE., SUITE 5	BOYNTON BEACH, FL 33426

REINSTATEMENT -06-09

08/04/09 01024 001 \*\*655.00

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

8-3-09

Daytime Phone # 561-704-7562

Typed or printed name of signing Managing Member/Manager JEFFERY S. WOOSTER