

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 NOV 14 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000059051

1. Limited Liability Company's Name

SPRING HILL LAND HOLDINGS, LLC

200138181802  
11/21/08--01040--007 \*\*311.25

CR2E041 (10/08)

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

24945 US Highway 19 North

3. Mailing Office Address

24945 US Highway 19 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, Florida

City & State

Clearwater, Florida

Zip

33763

Country

USA

Zip

33763

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 08/09/2004

6. FEI Number

20-1569837

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

Wolstein, Brian

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

24945 US Highway 19 North

Suite, Apt. #, Etc.

City

Clearwater, Florida

State

FL

Zip Code

33763

☒ 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

Date 10/27/2008

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	Brian G Wolstein		10/30/08 01020 015 61.25
mgr	Karen J. Wolstein		10/30/08 01020 014 43.75

REINSTATEMENT

06-08

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 10/27/2008

Daytime Phone # 727-475-1470

Typed or printed name of signing Managing Member/Manager

DL Brian Wolstein