

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 19 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000093150**

1. Limited Liability Company's Name

ZAHA DEVELOPMENT, LLC.

CR2E041 (1/07)

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

102 Cypress Breeze Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

Santa Rosa Beach, FL

City & State

Zip

32459

Country

U.S.A.

Zip

Country

4. State/Country of Formation

FL, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

12/23/04

6. FEI Number

01-0826303

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

Ernest J. Tarle

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

102 Cypress Breeze Dr.

Suite, Apt. #, etc.

City

Santa Rosa Beach

State

FL

Zip Code

32459

☒ 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 **3/6/07**

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
MBRM	James Tarle	2239 Laughing Gull Cir	Atlantic Beach, FL 32233
MBRM	Bernard Zachua	420 Aintree Dr	Monroe Falls, OH 44262
MBRM	Ernest Tarle	102 Cypress Breeze Dr	Santa Rosa Beach, FL 32459

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 **3/6/07**

Daytime Phone # **850 830-0156**

Typed or printed name of signing Managing Member/Manager

Ernest J. Tarle