

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**09 NOV -4 AM 8:21**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**DOCUMENT # L05000096744**

1. Limited Liability Company's Name

**THE RESERVES AT HEATHBROOK LLC**

CR2E041 (10/08)

<b>2. Principal Office Address - No P.O. Box #</b> 13035 S.W. 63rd Terrace Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 13035 S.W. 63rd Terrace Suite, Apt. #, etc.	
City & State Ocala, FL 34473		City & State Ocala, FL 34473	
Zip 34473	Country USA	Zip 34473	Country USA

<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b> September 30, 2005	
<b>6. FEI Number</b> 203559429	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

**8. Name and Address of Current Registered Agent**

Name Salpeter Gitkin LLP		
Street Address (P.O. Box Number is Not Acceptable) 200 S Andrews Avenue		
Suite, Apt. #, Etc. 503		
City Fort Lauderdale	State FL	Zip Code 33301

☐ 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 **10/19/09**

**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	Joseph A. Colyer	13035 S.W. 63rd Terrace	Ocala, FL 34473
	<b>L. SELLERS</b>		
	NOV - 5, 2009		
	<b>EXAMINER</b>		
		<b>REINSTATEMENT</b>	<b>09</b>

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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 **10-15-09**

Daytime Phone # **352-390-7328**

Typed or printed name of signing Managing Member/Manager