

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 DEC 16 AM 11:52

DOCUMENT # LOG000008183

1. Limited Liability Company's Name

SPRINGS ALACTUA DEVELOPMENT LLC

CR2E041 (10/08)

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

713 Maritime Way

Suite, Apt. #, etc.

Prosperity Harbor

City & State

Palm Beach Gardens/FL

Zip

33410

Country

U.S.A.

3. Mailing Office Address

713 Maritime Way

Suite, Apt. #, etc.

Prosperity Harbor

City & State

Palm Beach Gardens/FL

Zip

33410

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

01/24/2006

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

Christian Demers

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

713 Maritime Way

Suite, Apt. #, Etc.

Prosperity Harbor

City

Palm Beach Gardens

State

FL

Zip Code

33410

☐ 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

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
MGRM	Christian Demers	713 Maritime Way	Palm Beach Gardens FL 33410
<b>REINSTATEMENT</b>			
500137836215 11/12/08--01004--008 **238.75			
500137836215 12/15/08--01060--020 **138.75			
377.50			

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

*[Signature]*

Date Nov. 7, 2008

Daytime Phone # 1-561-7894606

Typed or printed name of signing Managing Member/Manager Christian Demers