

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 JUN -8 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 206 0000 22908

1. Limited Liability Company's Name

RESTLESS DEVELOPMENT LLC

CR2E041 (11/09)

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

11 SOUTH HIGH ST

Suite, Apt. #, etc.

City & State

TUCKAHOE, NY

Zip

10707

Country

US

3. Mailing Office Address

11 SOUTH HIGH ST

Suite, Apt. #, etc.

City & State

TUCKAHOE, NY

Zip

10707

Country

US

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

3/2/2006

6. FEI Number

20-4837205

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

SHELDON PEARCE

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

1951 NE 191 DRIVE

Suite, Apt. #, Etc.

City

N. MIAMI BEACH

State

FL

Zip Code

33179

☒ 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.

500180666005

05/07/10--01067--003 \*\*103.75

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

*Sheldon Pearce*  
REGISTERED AGENT MUST SIGN

Date 4/15/2010

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	SHELDON PEARCE	1951 NE 191 DR - N. MIAMI BEACH, FL	33179

REINSTATEMENT

07-10

06-9-10

500180666005  
05/07/10--01067--013 \*\*451.25  
05/07/10--01067--013 \*\*451.25  
05/07/10--01067--013 \*\*451.25

11. E-mail Address: shel@restlessdevelopment.com

(To be used for future annual report notifications)

12. 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

*Sheldon Pearce*

Date

4/15/10

Daytime Phone #

914 325 4383