PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2020 MAY 21 PM 4:02

DOCUMENT #

1. Limited Liability Company's Name
Independence Developers LLC
454 A Belford Road
Monroe, NJ 08831

400345088074
05/21/20--01020--001 **1305.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5350 Murrhee St	454 A Belford Rd
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Seffner, FL	City & State: Monroe, NJ
Zip: 33584 Country: USA	Zip: 08831 Country: USA

4. State/Country of Formation: FL / USA

5. Date Organized or Qualified To Do Business in Florida: 03/15/06

6. FEI Number: 20-4492831 ☐ 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: Rachel Santana

Street Address (P.O. Box Number is Not Acceptable) Suite,: 3447 Brook Crossing Drive

Apt. #, Etc.:

City: Brandon State: FL Zip Code: 33511

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: _____ Date: _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	Nicholas Lepore	454 A Belford Road	MOnroe, NJ 08831

REINSTATEMENT

2008-2020

11. E-mail Address: rachels@hamiltonandphillips.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605 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 requirement of section 605.0012, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: X _____ Date: 05/12/20 Daytime Phone #: 973-332-9171

Typed or printed name of signing authorized representative/member: _____