

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000121982

1. Limited Liability Company's Name

Orchard Developers,
LLC

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

12652 Woodmill Dr

Suite, Apt. #, etc.

3. Mailing Office Address

12652 Woodmill Dr

Suite, Apt. #, etc.

City & State

Palm Beach Gardens
Florida

City & State

Palm Beach
Gardens, Fla.

Zip

33418

Country

USA

Zip

33418

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

3-29-2012

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

Denise M. Detzer

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

12652 Woodmill Drive

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33418

E-mail Address:

200226800922

01/25/12--01010--010 **25.00

nese0415@yahoo.com
(To be used for future annual report notices)

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

Denise M. Detzer

Date 3-29-2012

REGISTERED AGENT MUST SIGN

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
<u>Mgrm</u>	<u>Denise M. Detzer</u>	<u>12652 Woodmill Dr</u>	<u>Palm Beach Gardens, Fla 33418</u>

REINSTATEMENT

03-30-12

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12/12/11--01023--025 **30.00

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. 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 Managing
Member/Manager

Denise M. Detzer

561-625-5264

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

3-29-2012