

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 FEB -9 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## DOCUMENT #

1. Limited Liability Company's Name

L0710000600270  
Serenity Capital Development, LLC600168242566  
02/08/10--01062--016 \*\*377.50

CR2E041 (11/09)

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

4800 Whitesburg Dr.

## 3. Mailing Office Address

4800 Whitesburg Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

## 4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

June 2007

## 6. FEI Number

26-0316862

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

William S. Howell, Jr., J.D., P.A.

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

1727 Southcott Way 393

Suite, Apt. #, Etc.

City

Santa Rosa Beach

State

FL

Zip Code

32459

☐ 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

Date 2-4-10

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
MGR	Barbara Stokes	4800 Whitesburg Dr. 30351	HSV AL 35802
	L. SELLERS		
	FEB 10 2010		
	EXAMINER		
	REINSTATEMENT		

## 11. E-mail Address: Barbara@StokesDevelopment.net

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

Date 2-3-10

Daytime Phone # (256) 3484322

Typed or printed name of signing Managing Member/Manager

Barbara Stokes