

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 12 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000089420

1. Limited Liability Company's Name

116 Adobe Circle, L.L.C.

300162311173
10/29/09--01026--004 **138.75

CR2E041 (10/08)

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

801 Maplewood Drive

3. Mailing Office Address

801 Maplewood Drive

Suite, Apt. #, etc.

Suite 17

Suite, Apt. #, etc.

Suite 17

City & State

Jupiter, FL

City & State

Jupiter, FL

Zip

33458

Country

USA

Zip

33458

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 8/30/2007

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

D.R. Girvin, Esquire

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

108 Intracoastal Pointe Drive

Suite, Apt. #, Etc.

Suite 300

City

Jupiter

State

FL

Zip Code

33458

☒ 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 10/28/2009

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
MGRM	John E. Morris	801 Maplewood Drive Suite 17	Jupiter, FL 33458
			300162311173 11/23/09--01010--016 **138.75

REINSTATEMENT-08-09

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

Date 10/28/2009

Daytime Phone # 561-575-1440

Typed or printed name of signing Managing Member/Manager John E. Morris