

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 SEP 27 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000118327

1. Limited Liability Company's Name

Swannee Vistas LLC

REINSTATEMENT 2011

KS

CR2E041 (05/10)

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

5430 SE 193rd Ter.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hawthorne, FL

City & State

Zip

32640

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11-27-2007

6. FEI Number

210-4834619

☐ 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

Raymond E. Haufler

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

5430 SE 193rd Terrace

Suite, Apt. #, Etc.

City

Hawthorne

State

FL

Zip Code

32640

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09/27/11--01024--007 **243.75

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

Raymond E. Haufler

REGISTERED AGENT MUST SIGN

Date 9-23-11

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
Pres	Ray Haufler	5430 SE 193rd Terrace	Hawthorne FL 32640

11. E-mail Address: rayhaufler@bellsouth.net

(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

Raymond E. Haufler

Date 9-23-11

Daytime Phone # 352-481-5879

Typed or printed name of signing Managing Member/Manager

Raymond E. Haufler