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Florida Department of State
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Fax Number : (850)617-6384

From:
Account Name : COHEN & GRIGSBY, P.C.
Account Number : I20030000042
Phone : (239)390-1912
Fax Number : (239)390-1901

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: lrader@cohenlaw.com

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LIMITED LIABILITY REINSTATEMENT
HWA BONITA SPRINGS LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000120216

1. Limited Liability Company's Name
HWA BONITA SPRINGS LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
26514 Robin Way		9110 Strada Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 6200	
City & State Bonita Springs, Florida		City & State Naples, Florida	
Zip 34135	Country USA	Zip 34108	Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/03/2007

6. FEI Number: 26-1942642 ✓ 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: Cohen & Grigsby, P.C.

Street Address (P.O. Box Number is Not Acceptable) Suite,
9110 Strada Place

Apt. #, Etc.
Suite 6200

City	State	Zip Code
Naples	FL	34108

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: Cohen & Grigsby, P.C. By: Hugh W. Sevin, Jr. REGISTERED AGENT MUST SIGN

Date 22-XII-2015

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
MGRM	Helfried Behr	26514 Robin Way	Bonita Springs, Florida 34135
MGRM	Alexandra Behr	26514 Robin Way	Bonita Springs, Florida 34135

11. E-mail Address: lrader@cohenlaw.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: Marlene Marsh Date 12/21/2015 Daytime Phone # (412) 297-4993

Typed or printed name of signing authorized representative/member: Marlene Marsh, Authorized Representative

K. ASHTON