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Florida Department of State
Division of Corporations
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To: Division of Corporations
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

**LIMITED LIABILITY REINSTATEMENT
HWA BONITA SPRINGS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L07000120216

1. Limited Liability Company's Name

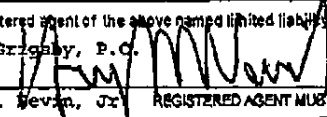
HWA BONITA SPRINGS LLC

2. Principal Office Address - No P.O. Box # 26514 Robin Way		3. Mailing Office Address 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

CR2E041 (1/14)

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 Naples	State FL	Zip Code 34108	

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 12/03/2007	
6. FD Number 26-1942642	☒ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status	

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 By: 	Date 22-DEC-2015
Hugh W. Devan, Jr. REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representative/Manager	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  Date 12/21/2015 Daytime Phone # (412) 297-4993

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

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K. ASHTON