

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

13 JUN 18 PM 12:12

STATE OF FLORIDA  
ALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L07000121963

1. Limited Liability Company's Name

HERON BAY 35D LLC

REINSTATEMENT

11-13

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 339 Ivy Lane		3. Mailing Office Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State Weston		City & State	
Zip 33326	Country USA	Zip	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida DECEMBER 7, 2007	
6. FEI Number 77-0710162	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name BEATRIZ CIDAD-LESSEUR			
Street Address (P.O. Box Number is Not Acceptable) 339 Ivy Lane			
Suite, Apt #, Etc.			
City Weston	State FL	Zip Code 33326	

09/17/12 01047008 \$377.50  
E-mail Address:  
600239687790  
NELSONSALDIVIA@HOTMAIL.COM  
(To be used for future annual report notices)

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 Beatriz Lesseur Date 2/24/12  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	NELSON SALDIVIA	339 IVY LANE	WESTON, FL 33326
			000239687790 06/19/13--01029--007 **138.75
			JUN 18 2013
			S. PRATHER

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. 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 Managing Member/Manager [Signature] Date 2/29/12 Daytime Phone # 305-465-7631

Typed or printed name of signing Managing Member/Manager