

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000113863

1. Limited Liability Company's Name

Heron Shores Realty, LLC

2. Principal Office Address - No P.O. Box #
6744 NW 70th Place

Suite, Apt. #, etc.

City & State

Parkland, FL

Zip

33067

Country

USA

3. Mailing Office Address
7401 Wiles Rd

Suite, Apt. #, etc.

323

City & State

Coral Springs, FL

Zip

33067

Country

USA

8. Name and Address of Current Registered Agent

Name

Chandeline Butler

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

7401 Wiles Rd Suite

Suite, Apt. #, Etc.

323

City

Coral Springs

State

FL

Zip Code

33067

E-mail Address:

Heronshoresrealty@gmail.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

Chdline Butler

Date

2/1/2011

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
President	Chandeline Butler	7401 Wiles Rd Suite 323	Coral Springs, FL 33067

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

Chdline Butler

Date 2/1/2011

Daytime Phone #

954-560-5110

Typed or printed name of signing Managing Member/Manager Chandeline Butler

FILED

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SECRET
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2011

CHANDELIN BUTLER
7401 WILES RD SUITE 323
CORAL SPRINGS, FL 33067

SUBJECT: HERON SHORES REALTY, LLC
Ref. Number: L08000113863

We have received your document for HERON SHORES REALTY, LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate is \$377.50.

There is a balance due of \$138.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 711A00004465