

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L10000041786

1. Limited Liability Company's Name

**Springhouse, LLC**

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

2169 NE 120th Loop

Suite, Apt. #, etc.

City & State

Branford, FL

Zip

32008

Country

US

3. Mailing Office Address

2169 NE 120th Loop

Suite, Apt. #, etc.

City & State

Branford, FL

Zip

32008

Country

US

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida

04/19/2010

6. FEI Number

None

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

Carolyn J. Thomas

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

2169 NW 120th Loop

Suite, Apt. #, Etc.

City

Branford

State

FL

Zip Code

32008

E-mail Address:

10/24/11--01044--001 \*\*238.75

900213611849

10/24/11--01044--001 \*\*238.75

bthomas@texonsite.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

*Carolyn Thomas*

Date 10-18-11

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
MGRM	Carolyn J. Thomas	2169 NE 120th Loop	Branford, FL 32008
MGRM	Bradley G. Thomas	2169 NE 120th Loop	Branford, FL 32008

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

*Carolyn Thomas*

Date 10-18-11

Daytime Phone # 386-935-3505

Typed or printed name of signing Managing Member/Manager