

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LP30000 85503

1. Limited Liability Company's Name
123 Spring Line Drive, LLC

200266748282
11/21/14--01001--014 **238.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 123 Spring Line Drive		3. Mailing Office Address 123 Spring Line Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Vero Beach		City & State FL	
Zip 32963	Country	Zip 32963	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida June 12, 2013	
6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 Christopher H. Marine			
Street Address (P.O. Box Number is Not Acceptable) 979 Beachland Boulevard			
Suite, Apt. #, Etc.			
City Vero Beach	State FL	Zip Code 32963	

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: *[Signature]* Date: 11/20/14
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Leslie Halsted	123 Spring Line Drive	Vero Beach, FL 32963
REINSTATEMENT			NOV 20 2014 R. HUNT

11. E-mail Address: (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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.	
Signature of Authorized Representative/Manager: <u><i>[Signature]</i></u>	Date: <u>11/18/14</u> Daytime Phone #: <u>631-793-4581</u>
Typed or printed name of signing Authorized Representative/Manager: <u>Leslie Halsted</u>	