PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY **COMPANY** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

2022 JUN 17 PM 12: 07

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2.

1. Limited Liability Company's Name Chambolle Seagrape, LLC

		05/17/2201030014 ++377.9
Principal Office Address - No P.O. Box#	Maiking Office Address	CR2EC41 (1/14)
20 SEAHONLY DO	GOOGE AHandy Dr	

100 30 I THOUSE DI	I JOU DE MIJORITIC DI	4. State/Country of Formation	
ute.Apt #, etc	Suite, Apt #, etc	1 Florida WH	
		5 Date Organized or Qualified To Do Business in Florida	าป
ty & State	City & State	10/0/10/	<i>)</i> '
antana, FL	Lounteuna, TL	6 FEI Number	Applied For
		8'a-351)7028	Not Applica
22467 Country 115 A	22462 Country	7. CESTIFICATE OF STATUS DESIRED for a certificate of	ee require

Name and Address of Current Registered Agent

Zip Code State

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 REGISTERED AGENT MUST SIGN

Names and Street Addresses of Authorized Representatives/Managers

Name of Street Address of Fach Titles City / State / Zip Authorized Representatives/ Authorized Representative/ John J. Hayes, 920 SE Atlantic Dr. Lantana, FL 33462 JUN 1 4 2027 R. HUNT

REINSTATEMEN

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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. Lam awage that also 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

Typed or printed name of signing authorized representative/member

11. E-mail Address: