

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthoff
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 JUN 12 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L93000000347

CLEMATIS DEVELOPMENT GROUP, L.C.
525 South Flagler Drive, Suite 400
West Palm Beach, FL 33401

1a. Principal Place of Business Address

525 South Flagler Drive
Suite 400
West Palm Beach, FL 33401

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

2. Mailing Address

2a. Principal Place of Business

3. Date Organized or Qualified

3a. State of Formation

10-04-93

FLORIDA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0444514

☐ Applied For

☐ Not Applicable

City & State

City & State

5. Date of Last Report

05-01-94

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

Zip

Country

Zip

Country

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

JOSEPH C. VISCONTI
c/o Joseph Charles & Assoc., Inc.
525 South Flagler Drive, Suite 400
West Palm Beach, FL 33401

Name

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

Suite, Apt. #, etc.

City

000002215820-8
-06/18/97--01064--026
***1111.25 ***1111.25
FL
Zip Code

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

Date 5-12-97

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

Joseph C. Visconti
MGRM
Roy T. Amico
MGRM
Robert D. Hall
MGRM
James M. Hall
MGRM

525 S. Flagler Drive, #400 W. Palm Beach, FL 33401
525 S. Flagler Drive, #400 W. Palm Beach, FL 33401
525 S. Flagler Drive, #400 W. Palm Beach, FL 33401
525 S. Flagler Drive, #400 W. Palm Beach, FL 33401

REINSTATEMENT 95-97

A. Alan
6/12/97

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.

Signature of
Managing Member/Manager

Date 5-12-97

Daytime Phone #561/659-2274

Typed or printed name of signing Managing Member/Manager

JOSEPH C. VISCONTI