

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**DOCUMENT #**

1. Limited Liability Company's Name

L93-347

Clematis Development Group, L.C.

REINSTATEMENT 2000

2. Principal Office Address

999 Indian Road

Suite, Apt. #, etc.

City & State

Palm Beach FL

Zip

33480

Country

USA

3. Mailing Office Address

999 Indian Rd.

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

65-0444514

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

Joseph C. Visconti

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

2500 N. Military Trail

Suite, Apt. #, Etc.

Suite 300

City

Boca Raton

State  
FL

Zip Code

33431

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11/15/2000

**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
MEM	Joseph C. Visconti	2500 N. Military Trail Suite 300	Boca Raton, FL 33431
MEM	Roy T. Amico	"	"
MEM	Robert D. Hall	27 W 725 Washington Ave	Winfield, IL 60190- 1441
MEM	James M. Hall	"	"

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager