

FEB-09-1999 14:59

CT CORP. SYSTEM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

FEB 16 AM 9:17

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Sandra Martha Secretary of State DIVISION OF CORPORATIONS	
Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L94000000436	
BRITTANY OF ROSEMONT DEVELOPMENT COMPANY, L.C. Post Office Box 467 Concordville, PA 19331		1a. Principal Place of Business Address 223 Wilmington West Chester Pike Chadds Ford, PA 19317	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	4. FEI Number
Suite, Apt. #, etc.	Suite, Apt. #, etc.	09/02/94	22-2776519
City & State	City & State	Florida	☐ Applied For ☐ Not Applicable
Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
		02/24/95	58.75 Additional Fee Required ☒
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
James Balletta 215 North Eola Drive Orlando, Florida 32801		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code	
		FL	
B. 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	
<i>James Balletta</i>		2/9/99	
10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MEM/ MAN	Thomas V. Spano	223 Wilmington West Chester Pike	Chadds Ford, PA 19317
MEM	Betsy Spano	223 Wilmington West Chester Pike	Chadds Ford, PA 19317
MEM	Brittany of Rosemont Management Company, Inc.	223 Wilmington West Chester Pike	Chadds Ford, PA 19317
11. I certify that I am managing member/manager of 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		Daytime Phone #	
<i>Thomas V. Spano</i>		(610) 558-1500	
Typed or printed name of signing Managing Member/Manager Thomas V. Spano, Manager/Member			



236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 2/15/99

(Handwritten signature)

CERTIFIED COPY

✓ CUS G.S.

✓ PHOTO COPY

✓ FILING Reinstatement

1.) Brittany of Rosemont Development Co.
(CORPORATE NAME & DOCUMENT #) LC

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 15, 1999

CORPORATE ACCESS

SUBJECT: BRITTANY OF ROSEMONT DEVELOPMENT COMPANY, L.C.
Ref. Number: L94000000436

We have received your document for BRITTANY OF ROSEMONT DEVELOPMENT COMPANY, L.C. and your check(s) totaling \$1641.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate is \$1255.00.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 399A00006700

Corrected
2/16/99



RECEIVED
99 FEB 15 AM 8:54