PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF Katherine Harris Secretary of State Division of Corporations			rine Harris ary of State	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
DOCUMENT # 49600001187 1. Limited Liability Company's Name INTERDEVEO - SPRING ZLC				1 . 00	10CT 16 PMII:02 - l		
2. Principal	Office Address 7241 JWo RD	3. Mailing Office Addre	ess TOO RD	4. State/Cour	ntry of Formation	· . A a	
Suite, Apt. #. City & State	etc.	Suite, Apt. #, etc. City & State			5. Date Organized or Qualified To Do Business in Florida		
<u>LAKE</u> 210 334	E WORTH FL Country 107 USA	1233467	ORTH FL Country USA	7.	0770 666 \$5.00 AG	Applied For Not Applicable Idditional Fee required Certificate of Status	
		8. Name and	Address of Current Register	red Agent	البائلة إبائل في مسيوس بسواحه بوسو		
Roger Dalal Street Address (P.O. Box Number is Not Acceptable) 7/400 Jog Road Suite, Apt. #, Etc. City Boynton Beach					State Zip Code	12—-1: 001 0*200.00	
9. I, being ap Signature of Registered Ag		ye named limited liability con		accept the obligati	ons of Chapter 608, F.S. Date		
10. Names	and Street Addresses of Managing Memi	bers/Managers					
Titles	Name of Managing Members/Manager	ırs	Street Address of Each Managing Member/Manager		City / State / Zi	ρ	
3	Roper Dalal:		7600 Dog Road		Boynton Beach		
	a						
filling this reall fees over as if made	that am managing member/manager or the reinstatement application the reason for diswed by the limited liability company have lide under oath. mber/Manager	dicentution has been elimina	nated, the limited liability compa n indicated on this application is	any name satisfies is true and accurat	the requirements of section 608.40	same legal effect	

್ erinted name of signing Managing Member/Manager _