L97000000340

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 FEB 12 PM 12:07

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L97000000340

FAIRWAYS-HERON BAY GP, L.C.
16133 VENTURA BLVD, #1400
ENCINO, CA 91436

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

1a. Principal Place of Business Address

JAMES GRIFFIN
1401 E. BROWARD BLVD #302
FT LAUDERDALE, FL 33301

2. Principal Place of Business	2a. Mailing Address
JAMES GRIFFIN	same as above
Suite, Apt. #, etc.: 1401 E. BROWARD BLVD #302	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE, FL	City & State
Zip: 33301 Country	Zip Country

3. Date Organized or Qualified	3a. State of Formation
02/27/97	FL

4. FEI Number: 95-4620666 ☐ Applied For ☐ Not Applicable

5. Date of Last Report: 02/27/97

6. Certificate of Status Desired: $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
GRIFFIN, JAMES 1401 E. BROWARD BLVD #302 FT LAUDERDALE, FL 33301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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 JAMES R. GRIFFIN REGISTERED AGENT MUST SIGN JR Date 2/11/99

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR	HEARTHSTONE ADVISORS, INC.	16133 VENTURA BLVD, #1400	ENCINO, CA 91436

000002777302--5
-02/16/99--01082--006
****877.50 ****877.50
98-94
02-02-12

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 ----SEE ATTACHED SIGNATURE BLOCK---- Date _____ Daytime Phone # (818) 385-0005

Typed or printed name of signing Managing Member/Manager ----SEE ATTACHED SIGNATURE BLOCK----

CR2EO41 12/97

1999 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB 12 PM 12:01

FAIRWAYS-HERON BAY GP, L.C.,
a Florida limited liability company

By: Hearthstone Advisors, Inc.,
a California corporation
Manager

By: _____ 1/26/99

Mark Porath
Senior Vice President ~~Finance~~
Phone: (818) 385-0005

Sunstate Research
Requestor's Name

Address

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Fairways-Heron Bay GP, L.C
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

FILED
99 FEB 12 AM 12:01
SECRETARY OF STATE
DIVISION OF CORPORATIONS

☒ Walk in ☐ Pick up time ☐ Certified Copy

☐ Mail out ☐ Will wait ☒ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

RECEIVED
99 FEB 12 AM 11:2

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
X	Reinstatement
	Trademark
	Other

L97-240

Name Availability 2-12
Document Examiner
Updater
Verifier
Acknowledgment
W. P. Verifier

Examiner's Initials	

CR2E031(1/95)