

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Andrew B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

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 # L97000000240

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

1a. Principal Place of Business Address

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

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

2. Principal Place of Business

JAMES GRIFFIN

2a. Mailing Address

same as above

3. Date Organized or Qualified

02/27/97

3a. State of Formation

FL

Suite, Apt. #, etc.

1401 E. BROWARD BLVD #302

Suite, Apt. #, etc.

4. FEI Number

95-4620666

☐ Applied For

☐ Not Applicable

City & State

FT. LAUDERDALE, FL

City & State

5. Date of Last Report

02/27/97

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

Zip

33301

Country

Zip

Country

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

Zip Code

FL

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

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

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

1999 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

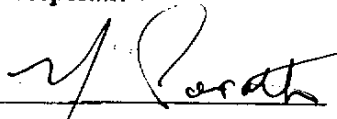
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

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

By:



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

1/26/99

Sumstate Research
Requestor's Name

Address

City/State/Zip

Phone #

Office Use Only

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

1. Fairway - Heron Bay/SP, L.C.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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- ☒ 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

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☒	Reinstatement
☐	Trademark
☐	Other

197-240

Name	<u>JP 2-12</u>
Availability	<u>JP</u>
Document	<u>JP</u>
Exhibit	<u>JP</u>
Updater	<u>JP</u>
Under	<u>JP</u>
Writer	<u>JP</u>
Acknowledgment	<u>JP</u>
W. P. Verifier	<u>JP</u>

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Examiner's Initials