

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 20 AM 10:46

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L98000001434

1. Limited Liability Company's Name

SPTING AND ASSOCIATES, LLC

2. Principal Office Address

1450 NE 4th Avenue

Suite, Apt. #, etc.

City & State

Boca Raton Florida

Zip

33432

Country

USA

3. Mailing Office Address

c/o Allie Sue Spring

Suite, Apt. #, etc.

11 Riverview Court

City & State

Suffolk, Virginia

Zip

23434

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

01-07-1998

6. FEI Number

65-0871937

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

April Spring

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

1450 NE 4th Avenue

Suite, Apt. #, Etc.

City

Boca Raton

State  
FL

Zip Code

33432

REINSTATEMENT 03-05

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

REGISTERED AGENT MUST SIGN

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
Pres	April Spring	1450 NE 4th Avenue	Boca Raton, FL 33432

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

7/13/05

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)