

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L98000002573

1. Limited Liability Company's Name

Block 77 Development Group, L.C.

2. Principal Office Address - No P.O. Box #

900 East Atlantic Avenue

Suite, Apt. #, etc.

Suite 13

City & State

Delray Beach, Florida

Zip

33483

Country

USA

3. Mailing Office Address

900 East Atlantic Avenue

Suite, Apt. #, etc.

Suite 13

City & State

Delray Beach, Florida

Zip

33483

Country

USA

KS

200234783062

05/08/12--01008--010 **377.50

REINSTATEMENT 11-12

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

11/3/98

6. FEI Number

65-0883663

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 **Jonathan J. Lichtman, P.A.**

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

20283 State Road 7

Suite, Apt. #, Etc.

Suite 300

City

Boca Raton

State

FL

Zip Code

33498

E-mail Address:

mary@levinsonlichtman.com

(To be used for future annual report notices)

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

5/12/12

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
MGR	William E. Morris, Jr.	900 East Atlantic Ave., Suite 13	Delray Beach, FL 33483

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

William E. Morris, Jr.

5-4-12

Date

Daytime Phone # **(561) 265-1390**

Typed or printed name of signing Managing Member/Manager: **Manager**