

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

OCT 29 PM 12:17

DOCUMENT #

1. Limited Liability Company's Name

L99000000207

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Greenview Development, LLC

REINSTATEMENT 2001

2. Principal Office Address

10155 NW 23rd Court

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33065

Country

USA

3. Mailing Office Address

10155 NW 23rd Court

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33065

Country

USA

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

1/6/1999

6. FEI Number

22-364-4242

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

Rosemary Benedetto

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

10155 NW 23rd Court

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

300004666529-6

-11/06/01--01001--003

***155.00 ***155.00

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

Rosemary Benedetto

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
MGRM	Rosemary Benedetto	10155 NW 23rd Ct	Coral Springs, FL 33065

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

Rosemary Benedetto

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Rosemary Benedetto

CR2E041 (9/01)