


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 FEB 21 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200089581572
02/27/07--01017--022 **255.00
REINSTATEMENT
CR2E04 (1/07) 85-07

DOCUMENT # L99000000308

1. Limited Liability Company's Name
Spring Hill Treats, L.C.

2. Principal Office Address - No P.O. Box #
9200 Little Road

Suite, Apt. #, etc.

City & State
New Port Richey, FL

Zip
34654

3. Mailing Office Address
Douglas Kellin 12828 Royal George Avenue

Suite, Apt. #, etc.

City & State
Odessa, FL

Zip
33556

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
1/20/1999

6. FEI Number
593555001

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Douglas W. Kellin

Street Address (P.O. Box Number is Not Acceptable)
12828 Royal George Avenue

Suite, Apt. #, Etc.

City
Odessa

State
FL

Zip Code
33556

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 *Douglas W. Kellin* Date 2/20/07
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	Douglas W. Kellin	12828 Royal George Avenue	Odessa, FL 33556
MGRM	Vicky L. Kellin	12828 Royal George Avenue	Odessa, FL 33556
MGRM	Diane Joy Stefany	11205 Windrush Circle	Hudson, FL 34667

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 *Douglas W. Kellin* Date 2/20/07 Daytime Phone # 813-293-8684

Typed or printed name of signing Managing Member/Manager Douglas W. Kellin

2082

MACFARLANE FERGUSON & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

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IN REPLY REFER TO:
Clearwater

February 20, 2007

VIA FEDERAL EXPRESS


Florida Division of Corporations
Registration Section
Attn: Barbara Mitchell
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Spring Hill Treats, L.C. / Reinstatement

Dear Ms. Mitchell:

Enclosed please find an original Limited Liability Company Reinstatement form for Spring Hill Treats, L.C. along with our check number 8884 in the amount of \$255.00. Please have Spring Hill Treats, L.C. reinstated and forward a Good Standing Certificate to the company's principal office address.

Should you have any questions, please do not hesitate to contact our office. Thank you for your assistance with this matter.

Sincerely,

Scarlett L. Hunt
Legal Assistant

/sn
Enclosures