

3/13/2009

16:06

BOOSE CASEY → #4213#46730#18506176383#

ND.478 D001

Division of Corporations

Page 1 of 1

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CASEY CIKLIN LUBITZ MARTENS & O'CONNELL

Account Number : 076376001447

Phone : (561) 832-5900

Fax Number : (561) 833-4209

LIMITED LIABILITY REINSTATEMENT

SPRING LAKE GOLFVIEW MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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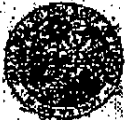
03/13/2009

16:06

BOOSE CASEY → #4213#46730#18506176383#

NO. 478 0002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M05000004672			
1. Limited Liability Company's Name Spring Lake Golfview Management LLC			
2. Principal Office Address - No P.O. Box # 2403 NW 49th Lane Suite, Apt. #, etc.		3. Mailing Office Address 2403 NW 49th Lane Suite, Apt. #, etc.	
City & State Boca Raton, Florida 33431		City & State Boca Raton, Florida 33431	
Zip 33431	Country United States	Zip 33431	Country United States
4. State/Country of Formation Delaware/United States		5. Date Organized or Qualified To Do Business in Florida August 22, 2005	
6. FEI Number 26-4425772		☐ Applied For ☒ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED		☒ \$5.00 Annual Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name: Gary Walk, Esq. Street Address (P.O. Box Number is Not Acceptable): Casey Clitin, Lubitz Martens & O'Connell Suite, Apt. #, Etc.: 515 N. Flagler Drive, 18th Floor City: West Palm Beach, State: FL, Zip Code: 33401			
☐ 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: <i>[Signature]</i> Date: March 13, 2009 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Christopher A. Reynolds	2403 NW 49th Lane	Boca Raton, Florida 33431
REINSTATEMENT			
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: <i>[Signature]</i> Date: March 13, 2009 Daytime Phone #: 561-289-2954 Typed or printed name of signing Managing Member/Manager: Christopher A. Reynolds, Manager			

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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