

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -8 AM 9:46

DOCUMENT # M99000001290

1. Limited Liability Company's Name
SPIRIT CREEK, LLC

9/29/00

2. Principal Office Address
28000 Spanish Wells Blvd

3. Mailing Office Address
28000 Spanish Wells Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bonita Springs, FL

Bonita Springs, FL

Zip Country
34135 USA

Zip Country
34135 USA

4. State/Country of Formation

Delaware

**5. Date Organized or Qualified
To Do Business in Florida** 08/17/1999

6. FEI Number
59-3612209

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
J. Stephen Crawford

000004637220-7

Street Address (P.O. Box Number is Not Acceptable)
28000 Spanish Wells Boulevard

-10/15/01--01079--024
****200.00 ****200.00

Suite, Apt. #, Etc.

City
Bonita Springs

State Zip Code
FL 34135

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

REGISTERED AGENT MUST SIGN

Date 09/26/2001

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	J. Stephen Crawford	28000 Spanish Wells Blvd	Bonita Springs, FL 34135
		Rein 100	
		2000 50	
		2001 50	
		2000	np
		REINSTATEMENT 2000-2001	

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 9/26/2001

Daytime Phone # 941/949-1818

Typed or printed name of signing Managing Member/Manager

J. Stephen Crawford