250.00
10-1-04

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 14 AM 10:22

DOCUMENT # L00000013046

1. Limited Liability Company's Name
5283 LAKE WORTH RD LC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
1401 LANDS END	2777 S CONGRESS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MANALAPAN FL 33462	City & State: LAKEWORTH FL
Zip: 33462 Country:	Zip: 33461 Country: ~~US~~ USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 10/23/00

6. FEI Number: 651112810 ☐ 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: FRANKLIN, ELLIOTT

Street Address (P.O. Box Number is Not Acceptable): 2777 S CONGRESS AVE

Suite, Apt. #, Etc.:

City: LAKE WORTH ~~FL 33~~ State: FL Zip Code: 33461

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: Elliott Franklin 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
MGR	ABBENANTE, MARIA	1401 LANDS END	MANALAPAN FL 33462
			200080270802 09/28/06--01055--010 **250.00
			REINSTATEMENT 04-06

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: Maria Abbenante Date: Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: MARIA ABBENANTE