

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 DEC 16 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000001505

1. Limited Liability Company's Name

~~Penthouse Properties LLC~~
Penthouse Properties 101, LLC

600163097536
11/25/09--01002--004 **\$5.00
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
5280 N. Ocean Dr

3. Mailing Office Address 401 LINTON BLVD
SAME #269
DE/RAV BEACH 33483

Suite, Apt. #, etc.
PH D

Suite, Apt. #, etc.
401 LINTON BLVD #269

City & State
Singer Island, FL

City & State
DE/RAV BEACH 33483

Zip Country
33404 USA

Zip Country
33483 USA
SAME SAME

4. State/Country of Formation

PALM BEACH - USA

5. Date Organized or Qualified To Do Business in Florida

1/05/2005

6. FEI Number

L05000001505

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
Teri Jones

Street Address (P.O. Box Number is Not Acceptable)
5280 N. Ocean Dr.

Suite, Apt. # Etc.
PH D

City
Singer Island

State Zip Code
FL 33404

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

Teri Jones

REGISTERED AGENT MUST SIGN

Date 11-16-09

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 *
MGAM	Teri Jones	5280 N. Ocean Dr. PH D	Singer Island, FL. 33404

600163097536
11/25/09--01002--005 **100.00

600163097536
12/11/09--01049--010 **222.50

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

Teri Jones
TERI JONES

Date

Daytime Phone # 305-367-2108

Typed or printed name of signing Managing Member/Manager