

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
14 OCT 29 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LOS000119795  
1. Limited Liability Company's Name  
**PALM BAY PROPERTY INVESTMENTS, LLC.**

CR2E041 (1/14)

|  |                       |  |         |
|--|-----------------------|--|---------|
| 2. Principal Office Address - No P.O. Box #<br><b>2680 Second Avenue</b> |                       | 3. Mailing Office Address<br><b>same</b> |         |
| Suite, Apt. #, etc.  |                       | Suite, Apt. #, etc.                      |         |
| City & State<br><b>Palm Bay FL</b>                                       |                       | City & State                             |         |
| Zip<br><b>32905</b>  | Country<br><b>USA</b> | Zip                                      | Country |

|  |  |
|--|--|
| 4. State/Country of Formation<br><b>Florida</b>  |  |
| 5. Date Organized or Qualified To Do Business in Florida<br>12/15/2005   |  |
| 6. FEI Number<br><b>043835582</b>  | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status |  |

|   |                    |                          |  |
|---|--------------------|--------------------------|--|
| 8. Name and Address of Current Registered Agent                                 |                    |                          |  |
| Name<br><b>Orlando Catalano</b>   |                    |                          |  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>2680 Second Avenue</b> |                    |                          |  |
| Suite, Apt. #, Etc.   |                    |                          |  |
| City<br><b>Palm Bay</b>   | State<br><b>FL</b> | Zip Code<br><b>32905</b> |  |

**700265969927**  
10/29/14--01005--001 \*\*110.08

**700265969927**  
10/03/14--01020--015 \*\*250.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: *Orlando Catalano* Date: 10-22-14  
REGISTERED AGENT MUST SIGN

| 10. Names and Street Addresses of Authorized Representatives/Managers |   |  |                        |
|---|---|--|------------------------|
| Titles  | Name of Authorized Representatives/Managers | Street Address of Each Authorized Representative/Manager | City / State / Zip     |
| AR  | Orlando Catalano                            | 2680 Second Avenue                                       | Palm Bay FL 32905      |
| <b>REINSTATEMENT</b>  |   |  | OCT 29 2014<br>R. HUNT |

11. E-mail Address: hancy.catalano@CFLERR.COM  
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: *Orlando Catalano* Date: 10-22-14 Daytime Phone # (321) 5087219

Typed or printed name of signing Authorized Representative/Manager: Orlando Catalano