

# L94000000618

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

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|--|---|--|
| <b>LIMITED LIABILITY COMPANY REINSTATEMENT</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|  |   |  |

**DOCUMENT #**  
 1. Limited Liability Company's Name  
 PALMLOR, L.C.

|  |                                    |
|--|------------------------------------|
| 2. Principal Office Address:<br>2870 S. OCEAN BLVD.<br>Suite, Apt. #, etc. | 3. Mailing Office Address:<br>same |
| City & State:<br>PALM BEACH, FL  | City & State:<br>same              |
| Zip:<br>33480  | Country:<br>USA                    |

|  |                               |
|--|-------------------------------|
| 4. State/Country of Formation<br>VIRGINIA                              |                               |
| 5. Date Organized or Qualified To Do Business in Florida<br>11/15/1994 |                               |
| 6. FE Number<br>X 592654699  | Applied For<br>Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>   |                               |

8. Name and Address of Current Registered Agent

Name: BAERENKLAU, ALAN

Street Address (P.O. Box Number is Not Acceptable): 2870 S. OCEAN BLVD.


Suite, Apt. #, Etc.

City: PALM BEACH

State: FL Zip Code: 33480

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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: X 

Date: X 8/25/00

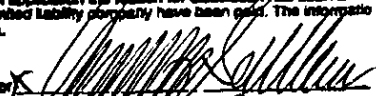
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Title | Name of Managing Member/Managers | Street Address of Each Managing Member/Manager | City / State / Zip   |
|-------|----------------------------------|--|----------------------|
| MGR   | BAERENKLAU, ALAN                 | 2870 S. OCEAN BLVD.                            | PALM BEACH, FL 33480 |

**REINSTATEMENT** 07-0000A  
 CW

11. I certify that I am managing member/manager or the receiver or trustee and that 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: X 

Date: X 8/25/00 Daytime Phone: X 803-1200

Typed or printed name of signing Managing Member/Manager: ALAN BAERENKLAU, MANAGING MEMBER