

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

DIVISION OF CORPORATIONS

FILED

02 APR -3 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000008637**

1. Limited Liability Company's Name **300 N A1A LLC**

600005237266--5

-04/11/02--01023--001

\*\*\*250.00 \*\*\*250.00

2. Principal Office Address

**C/O DOMINICK PANEBIANCO**

3. Mailing Office Address

Suite, Apt. #, etc.

**9 PASADENA ROAD**

Suite, Apt. #, etc.

**300 NA1A UNIT F302**

City & State

**JUPITER, FLORIDA**

City & State

**BRONXVILLE, NY**

Zip

Country

**USA**

Zip

Country

**USA**

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida

**12/09/99**

6. FEI Number

**13-4099135**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

**Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)

**1201 Hays Street**

Suite, Apt. #, Etc.

City

**Tallahassee**

State

**FL**

Zip Code

**32301**

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 **3-7-02**

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
MEM	MR. DOMINICK PANEBIANCO	9 PASADENA ROAD	BRONXVILLE, NY 10708

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

**DOMINICK PANEBIANCO**

Date

**3/18/02**

Daytime Phone #

**914 961 6417**

Typed or printed name of signing Managing Member/Manager

**DOMINICK PANEBIANCO**

CR2E041 (9/00)