

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

250.00
10-1-04

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

2. Principal Office Address

1401 LANDS END

Suite, Apt. #, etc.

City & State

MANALAPAN FL 33462

Zip

33462

Country

USA

3. Mailing Office Address

2777 S CONGRESS AVE

Suite, Apt. #, etc.

City & State

LAKEWORTH FL

Zip

33461

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/23/00

6. FEI Number

65112810

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
MGA	ARBENANTE, MARIA	1401 LANDS END	MANALAPAN FL 33462

300080270502
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 Arbenante

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

MARIA ARBENANTE