

FILED 1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

09 JUN 18 PM 1:51

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L06000078207

1. Limited Liability Company's Name 1511 Lucerne, LLC

900154592759 06/09/09--01004--009 **138.75

900154592759 05/01/09--01002--016 **277.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 1005 Lake Ave Suite, Apt. #, etc. 3. Mailing Office Address PO Box 21349 Suite, Apt. #, etc. City & State Lake Worth, FL W. Palm Bch, FL Zip 33460 Country Zip 33416 Country

4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 8/8/2006 6. FEI Number 20-5571862 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 John F Romano Street Address (P.O. Box Number is Not Acceptable) 1005 Lake Ave Suite, Apt. #, Etc. City Lake Worth State FL Zip Code 33460

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 [Signature] Date 4/29/09 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers Table with columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Includes entries for John F Romano, Nancy L Romano, and Timothy Wengierski.

REINSTATEMENT 2007-09 JB

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. Signature of Managing Member/Manager Nancy L Romano Date 4/29/09 Daytime Phone # 561-533-6700

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2009

1511 LUCERNE, LLC
PO BOX 21349
W. PALM BEACH, FL 33416

SUBJECT: 1511 LUCERNE, LLC
Ref. Number: L06000078207

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for 1511 LUCERNE, LLC and your check(s) totaling \$277.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2007 through 2009; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$416.25.

We need an additional check for \$138.75

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 309A00015361