

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

11 MAY 12 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M0900001066

1. Limited Liability Company's Name

MBO Boone, LLC

2. Principal Office Address - No P.O. Box #

4409 Northlake Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

4409 Northlake Blvd

Suite, Apt. #, etc.

City & State

Palm Beach Gardens FL

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

Zip

33410

Country

USA

4. State/Country of Formation

NY

5. Date Organized or Qualified To Do Business in Florida

3/16/09

6. FEI Number

20-3975196

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

Steven Daniels

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

515 N Flagler DR

Suite, Apt. #, Etc.

6th floor

City

West Palm Beach

State

FL

Zip Code

33401

E-mail Address:

slDaniels@arnstein.com

(To be used for future annual report notices)

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

*Steven Daniels*

REGISTERED AGENT MUST SIGN Steven Daniels

Date

5/9/11

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
Pres	Joseph Castellana	80 Seaview Blvd	Port Washington NY 11050

800207533668  
05/11/11--01024--006 \*\*45.00  
800207533668  
05/11/11--01024--007 \*\*337.50

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing

Member/Manager

*Joseph Castellana*

Date

5-6-11

Daytime Phone #

516-723-2200

Typed or printed name of signing Managing Member/Manager Joseph Castellana