

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 MAR 31 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** L01000010079

**1. Limited Liability Company's Name**

I-75/Palm River Road, LLC

**2. Principal Office Address**

516 Commons Drive

Suite, Apt. #, etc.

**3. Mailing Office Address**

Same as 2.

Suite, Apt. #, etc.

**City & State**

Palm Beach Garden, FL

**City & State**

**Zip**

33418

**Country**

USA

**Zip**

**Country**

**4. State/Country of Formation**

Florida, USA

**5. Date Organized or Qualified  
To Do Business in Florida**

June 19, 2001

**6. FEI Number**

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**

Lawrence J. Bailin

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

401 East Jackson Street

**Suite, Apt. #, Etc.**

Suite 2200

**City**

Tampa

**State**

FL

**Zip Code**

33601

**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**

*Lawrence J. Bailin*

**Date**

3/25/2003

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
Mgr.	David Verardo	516 Commons Drive	Palm Beach Garden, FL 33418

**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**

*David Verardo*

**Date**

3/25/03

**Daytime Phone #**

561-308-3222

**Typed or printed name of signing Managing Member/Manager**

David Verardo

MJH

3/31 2002-2003

CR-2E041 (10/02)