

L00000000/432

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 19 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000/432

1. Limited Liability Company's Name

PRELUDE PROPERTIES GROUP, LLC

300009562163

12/17/02--01067--007 \*\*200.00

2. Principal Office Address

521 OLD DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

TEQUESTA, FL

City & State

SAME

Zip

33469

Country

USA

Zip

SAME

Country

SAME

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified  
To Do Business in Florida

6/14/95

6. FEL Number

05-0978877

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

JUDITH A. ROTHENBERG

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

521 OLD DIXIE HWY.

Suite, Apt. #, Etc.

City

TEQUESTA

State

FL

Zip Code

33469

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

Judith A. Rothenberg

REGISTERED AGENT MUST SIGN

Date

Dec 9, 2002

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
P/T	BRUCE M. ROTHENBERG	521 OLD DIXIE HWY	TEQUESTA, FL 33469
VP/S	JUDITH A. ROTHENBERG	" " " "	" " "

REINSTATEMENT 2002

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

B m Rothenberg

Date

12/10/02

Daytime Phone #

561-743-9974

Typed or printed name of signing Managing Member/Manager

BRUCE M. ROTHENBERG

CR2E041 (8/01)