

L0000002546

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

THIS FORM  
FILED

03 SEP 26 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000002546

1. Limited Liability Company's Name

Bonita Properties, LLC  
900 Melaleuca Rd.

DELRAY BEACH, FL 33483

2. Principal Office Address

900 Melaleuca Rd.

Suite, Apt. #, etc.

1st Floor

City & State

Delray Beach, FL

Zip

33483

Country

USA

3. Mailing Office Address

900 Melaleuca Rd.

Suite, Apt. #, etc.

1st Floor

City & State

Delray Beach, FL

Zip

33483

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida

MARCH 7, 2000

6. FEI Number

94-3362912

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

Jeffrey Levin

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

900 MELALEUCA RD.

Suite, Apt. #, Etc.

1ST FLOOR

City

DELRAY BEACH,

State

FL

Zip Code

33483

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

REGISTERED AGENT MUST SIGN

Date

9/22/03

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	Levin, Jeffrey	900 Melaleuca Rd.	Delray Beach, FL 33483

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

Date

9/22/03

Daytime Phone #

561-350-3055

Typed or printed name of signing Managing Member/Manager

JEFFREY LEVIN

CR2E041 (10/02)