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LIMITED LIABILITY REINSTATEMENT

SANTONI OF PALM BEACH, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$205.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 2001-2002

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 0000000 4509

1. Limited Liability Company's Name

Santoni of Palm Beach, LLC

2. Principal Office Address	3. Mailing Office Address
245 Worth Avenue	8500 Remington Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite F
City & State: Palm Beach, FLA	City & State: Pennsauken, NJ
Zip: 33480 Country: USA	Zip: 08110 Country: USA

4. State/Country of Formation: FLA

5. Date Organized or Qualified To Do Business In Florida: 4/19/00

6. FEI Number: 22-3727745 ☐ 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: Gene Brown

Street Address (P.O. Box Number is Not Acceptable): 245 Worth Avenue

Suite, Apt. #, Etc.:

City: Palm Beach State: FL Zip Code: 33480

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: _____ Date: _____
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Mang. member	Elliott Kattan	8500 Remington Ave. Suite F	Pennsauken, NJ 08110
		2001-2002	
REINSTATEMENT			

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 petition for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.508, 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: _____ Daytime Phone # 856-665-7306

Typed or printed name of signing Managing Member/Manager: Elliott Kattan

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