

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 FEB 12 PM 1:26

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L00000005566

**1. Limited Liability Company's Name**  
Point Manalapan, LLC

**2. Principal Office Address**

1423 Lands End Road

Suite, Apt. #, etc.

City & State

Lantana, FL

Zip

33467

Country

USA

**3. Mailing Office Address**

6 Hamilton Place

Suite, Apt. #, etc.

City & State

Boston, MA

Zip

02108

Country

USA

**4. State/Country of Formation**

Florida

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

5-15-2000

**6. FEI Number**

65-1023140

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

Susan J. Brotman, P.A.

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

2424 N. Federal Highway

Suite, Apt. #, Etc.

Suite 411

City

Boca Raton,

State

FL

Zip Code

33431

**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

*[Signature of Susan J. Brotman, P.A.]*

Date

2-9-04

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
MGPM	Judee R. Shupe	6 Hamilton Place	Boston, MA 02108

**REINSTATEMENT**

2002-09-22

**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

*[Signature of Judee R. Shupe]*

Date

2-9-04

Daytime Phone #

617 423 0060

Typed or printed name of signing Managing Member/Manager