

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01 NOV 14 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L-6718

1. Limited Liability Company's Name

CAVIARTERIA PALM BEACH, LLC

2. Principal Office Address

150 WORTH AVE

Suite, Apt. #, etc.

ESPLANADE

City & State

PALM BEACH, FL

Zip

33480

Country

USA

3. Mailing Office Address

502 PARK AVE.

Suite, Apt. #, etc.

City & State

N.Y. N.Y.

Zip

10022

Country

USA

REINSTATEMENT 2001

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6-9-2000

6. FEI Number

223755075

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$500 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

BRUCE SOBOL C/O CAVIARTERIA PALM BEACH

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

150 WORTH AVENUE - ESPLANADE

Suite, Apt. #, Etc.

300004702503-3

-12/03/01--01066--009

******150.00 ****150.00**

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

B. Sobol

Date **11/5/01**

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
MGRM	BRUCE SOBOL	225 E. 74 STREET, N.Y. N.Y. 10021	N.Y. N.Y. 10021

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. Sobol

Date

10/16/01

Daytime Phone #

718-482-8780

Typed or printed name of signing Managing Member/Manager

Bruce Sobol

CR2E041 (8/01)