

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 MAR 27 PM 3:59

DOCUMENT # L00000007840

1. Limited Liability Company's Name

Vanguard Partners, LLC

800120588818
03/18/08--01012--026 **521.25

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

498 Palm Springs Dr.

Suite, Apt. #, etc.

Suite 100

City & State

Altamonte Springs, FL

Zip

32701

Country

U.S.

3. Mailing Office Address

498 Palm Springs Dr.

Suite, Apt. #, etc.

Suite 100

City & State

Altamonte Springs, FL

Zip

32701

Country

U.S.

4. State/Country of Formation

Florida / U.S.

5. Date Organized or Qualified
To Do Business in Florida

7/03/2000

6. FEI Number

59-3656209

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

Ronald J Liss

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

498 Palm Springs Dr.

Suite, Apt. #, Etc.

Suite 100

City

Altamonte Springs

State

FL

Zip Code

32701

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

2-29-08

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
<u>MGR</u>	<u>Ronald J Liss</u>	<u>498 Palm Springs Dr. Ste 100</u>	<u>Altamonte Springs, FL 32701</u>

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

2-29-08

Daytime Phone #

407-862-7171

Typed or printed name of signing Managing Member/Manager

RONALD J. LISS