

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 OCT 22 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L-8431

1. Limited Liability Company's Name

Kramer McGuire LLC

2. Principal Office Address

301 Clematis St.

Suite, Apt. #, etc.

Suite 3000

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Office Address

301 Clematis St.

Suite, Apt. #, etc.

Suite 3000

City & State

West Palm Beach, FL

Zip

33401

Country

USA

REINSTATEMENT 2001

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

July 12, 2000

6. FEI Number

65-1022230

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

S. Shawn McGuire

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

301 Clematis St.

Suite, Apt. #, Etc.

Suite 3000

City

West Palm Beach

State

FL

Zip Code

33401

600004659388-3

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****155.00 ****155.00

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 10/18/01

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	S. Shawn McGuire	301 Clematis St., Suite 3000 West Palm Beach, FL 33401	
MGRM	Raymond E. Kramer	301 Clematis St., Suite 3000 West Palm Beach, FL 33401	

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

10/18/01

Daytime Phone #

(561) 655-5595

Typed or printed name of signing Managing Member/Manager

S. Shawn McGuire