

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -6 PM 3:05

DOCUMENT # L00000009797

1. Limited Liability Company's Name

BERNSTEIN-GLADES GENERAL PARTNER, LLC

600004716976--2
-12/10/01--01087--015
***150.00 ***150.00

2. Principal Office Address

7226 Ayrshire Lane

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip Country

33496 US

3. Mailing Office Address

7226 Ayrshire Lane

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip Country

33496 US

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida Aug. 15, 2000

6. FEI Number

applied for

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Wilton L. White, Esq.

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

625 North Flagler Drive

Suite, Apt. #, Etc.

9th Floor

City

West Palm Beach

State

FL

Zip Code

33401

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]

Date

11/29/01

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	Howard Bernstein	7226 Ayrshire Lane	Boca Raton, FL 33496
MGRM	Maxine Bernstein	7226 Ayrshire Lane	Boca Raton, FL 33496
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			UBR 50
			150
			mp

REINSTATEMENT

2001

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]

Date

11/20/01

Daytime Phone #

561-822-0310

Typed or printed name of signing Managing Member/Manager

HOWARD BERNSTEIN