

250.00
10-1-04

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 CORPORATIONS 06 SEP 14 AM 10:22

DOCUMENT # L00000013048

1. Limited Liability Company's Name 2710 OKEECHOBEE, LC

2. Principal Office Address 1401 LANDS END Suite, Apt. #, etc.

3. Mailing Office Address 2777 S CONGRESS AVE Suite, Apt. #, etc.

City & State MANALAPAN FL Zip 33462 Country USA

City & State LAKE WORTH FL Zip 33461 Country USA

4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida 10/23/00 6. FEI Number 65111326 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent Name ELLIOTT FRANKLIN Street Address (P.O. Box Number is Not Acceptable) 2777 S CONGRESS AVE Suite, Apt. #, Etc. City LAKE WORTH FL 33461 State FL Zip Code

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

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: MGR ABBENANTE, MARIA, 1401 LANDS END MANALAPAN FL, 33462. Includes stamp: REINSTATEMENT 04-06

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 Maria Abbenante Date Daytime Phone# Typed or printed name of signing Managing Member/Manager Maria Abbenante