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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

L00000014821

FILED
02 NOV 13 AM 10:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L00000014821

Name and Mailing Address

0003773 01 FP 0.352 **PRSRT T2 0 0615 33401-461804

MAHONEY HOLDINGS, LLC
319 CLEMATIS, STE. 404
WEST PALM BEACH FL 33401-4618

MJM

11/13 2002

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. ~~Date Organized or Qualified~~ To Do Business in Florida: 11/30/2000

Principal Place of Business: 319 CLEMATIS, STE. 404 WEST PALM BEACH FL 33401

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 65-1059877 ☐ 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

BOTOS, MICHAEL E
1 CLEMATIS STREET, SUITE 400
WEST PAM BEACH FL 33401

9. Name and Address of New Registered Agent

Name: Botos, Michael E.

Street Address (P.O. Box Number is Not Acceptable): One North Clematis Street, Suite 400

City: West Palm Beach FL Zip Code: 33401

10. 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 11/6/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MAHONEY, DANIEL J	234 EL BRILLO WAY	PALM BEACH FL 33480

300008962893
11/13/02--01034--006 **150.00

12. 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 11/5/02 Daytime Phone # 561-655-6733

Typed or printed name of signing Managing Member/Manager DANIEL J. MAHONEY III