

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY -6 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000015527**

1. Limited Liability Company's Name

F.F. VERO BEACH, LLC

BK

000053660340
05/06/05--01055--005 **155.00

2. Principal Office Address

78 W. Church St.

Suite, Apt. #, etc.

Suite 130

City & State

Orlando, FL

Zip

32801

Country

USA

3. Mailing Office Address

PO Box 3149

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32802

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/11/00

6. FEI Number

593743427

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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]

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

5/4/05

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 |
|--------|--------------------------------------|---|--------------------|
| mgr. | Robert I. Kling | 78 W. Church St., Suite 130 | Orlando, FL 32801 |
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REINSTATEMENT

2004-2005

000053660340
05/06/05--01055--019 **50.00

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

4/28/05

Daytime Phone # **(407) 316-8800**

Typed or printed name of signing Managing Member/Manager

Robert I. Kling

CR2E041 (10/02)