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COMPANY REINSTATEMENT



LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED 03 JUL 24 PM 2: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L000000 15527

1. Limited Liability Company's Name

F.F. Vero Beach, LLC

000021749100 07/24/03--01001--007 **205.00

| 2. Principal Office Ad | | 3. Mailing Office Ad | | | | | |
|------------------------|--|-------------------------|--|--|--|---|--|
| 78 W Church Street | | P.O. Box 3149 | | 4. State/Country of Formation | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | Florida | | | |
| Suite 130 | | | | 5, Date Organized or Qualified To Do Business in Florida | | | |
| City & State | | City & State | | | <u></u> | | |
| Orlando, FL | | Orlando, FL | | 6. FEI Number Applied For Not Applicable | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 17 | 25.0 | | |
| 37801 | Orange | 32802 | Orange | CERTIFICATE | | Additional Fee required Table 1 Additional Fee required Table 2 Additional Fee required Table 3 Additional Fee required | |
| | | | nd Address of Current Regist | ered Agent | | | |
| Name | n- n | . • | | | | | |
| Street | CT CO(DO(O) | 700 | | | | | |
| . | 200 S. P. n. | e Island T | 200d | | | | |
| | pt. #,/Etc. | | · · | | | | |
| | | | | | 1 | | |
| City | Plantation | | | | State Zip Code 3333 | ↓ | |
| 9. I, being appointed | the registered agent of the abo | named limited liabilit | ly company, am familiar with an | d accept the obligat | | | |
| Signature of | . \ \ \ | PET PET | IER F. SOUZA | | Date 7/15/0 |) OH2E 041 (10/02) | |
| Registered Agent | | GISTERED AGENT M | ISTANT SECRETARY | | Date | | |
| | | | | | | * | |
| 10. Names and Stre | et Addresses of Managing Men | bers/Managers | | | , | | |
| Titles | itles Name of Managing Members/Managers | | Street Address of Each Managing Member/Manager | | City / State / Zip | | |
| | | | | | | | |
| Mar Ko | bert L. Kli | va | Same | | Uriando, Ki | <u>~ 7</u> | |
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| | | | RFI | NSTAT | ENENT | 2-22 | |
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| | | | ··· / Det | 7 1 | <u> </u> | | |
| | | | , | No. 201 | | | |
| 11 Loopin that La- | managina mamba/manasa4 | the receiver or trustee | ampaigas the average this are | nlication to provide | od for in chapter COD ES 1500 | har cartify that when | |
| filing this reinstate | managing member/managerfor ment application the reason for he limited liability company have | dissolution has been el | iminated, the limited liability con | pplication as provide npany name satisfie | ed for in chapter 608, F.S. I furt is the requirements of section 6 etc. and my signature shall base | ner certify that when 08.406, F.S., and that | |
| as if made under | oath. | Ton paid. The middle | and and out this applicance | aria nua anu accura | AND HIS ONE OF STREET | S and admin togal ender | |
| Signature of | \ | | Det. (| 1-11-113 - | Daytime Phone # (467) | 316-8800 | |
| Managing Member/Ma | inager | A | · _ }. | <u>, 10-0-7</u> [, ' | vayuine Phone # 1 -10 1 / - | 0000 | |
| Typed or printed name | of signing Managing Member/ | ManagerK | obert I.Kl | ina | | | |
| | | | | | '''''' | | |