

L00000015900

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG -5 PM 12: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015900

1. Limited Liability Company's Name

Day Commerce Centre, LLC

2. Principal Office Address 2139

Palm Beach Lakes Blvd.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip
33409

Country
USA

3. Mailing Office Address 2139

Palm Beach Lakes Blvd.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip
33409

Country
USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

12/19/2000

6. FEI Number
65-1068868

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

Howard J. Wiener, Esq.

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

Akerman Senterfitt, 222 Lakeview Avenue,

Suite, Apt. #, Etc.

Suite 400

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

REGISTERED AGENT MUST SIGN

Date

8/01/03

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	John Scarola	2139 Palm Beach Lakes Blvd.	West Palm Beach, FL 33409
		REINSTATEMENT	01-03
		AL	

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

Date

8/1/03

Daytime Phone# (561) 686-6300

Typed or printed name of signing Managing Member/Manager John Scarola

CR2E041 (10/02)



Boca Raton
Fort Lauderdale
Jacksonville
Miami
Orlando
Tallahassee
Tampa
West Palm Beach

Esperante Building
222 Lakeview Avenue, Suite 400
West Palm Beach, Florida 33401-6183
Post Office Box 3188 *mail*
West Palm Beach, Florida 33402-3188
www.akerman.com
561 653 5000 *tel* 561 659 6313 *fax*

August 4, 2003

VIA FEDERAL EXPRESS

Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

**Re: Day Commerce Centre, LLC;
Limited Liability Reinstatement**

Dear Sir or Madam:


Enclosed find the following:

- Signed and dated form of Limited Liability Company Reinstatement; and
- Check # 007144 made payable to the Department of State in the amount of \$250.00, representing the required reinstatement fees.

I WOULD APPRECIATE YOUR FILING THE ENCLOSED LIMITED LIABILITY REINSTATEMENT EFFECTIVE AS OF TUESDAY, AUGUST 5, 2003 (the date you received the Reinstatement Form), AND THEREFORE, RESPECTFULLY REQUEST THAT YOU CALL ME UPON YOUR RECEIPT OF THIS LETTER TO CONFIRM THE DATE OF FILING WITH THE DEPARTMENT OF STATE.

Sincerely yours,

AKERMAN SENTERFITT



Howard J. Wiener
HJW/cjt
Enclosures