

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
05 SEP 16 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000000475

1. Limited Liability Company's Name:

A&G Dominican LLC

02

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2. Principal Office Address
897 PALM BEACH LAKES BLVD.

3. Mailing Office Address
897 PALM BEACH LAKES BLVD.

4. State/Country of Formation
Florida

Suite, Apt, #, etc.
SUITE 226

Suite, Apt, #, etc.
SUITE 226

5. Date Organized or Qualified
To Do Business in Florida 1/9/2001

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

6. FEI Number
65-1065262

Applied For
Not Applicable

Zip County
33409 Palm Beach

Zip County
33409 Palm Beach

7.
CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Corporate Creations Network Inc.

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

11380 Prosperity Farms Road #221E

Suite, Apt. #, etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

Angela E. Howard

Angela E. Howard
Assistant VP
Corporate Creations

Date 9/15/05

REGISTERED AGENT MUST SIGN

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
Member MGRM	Anton Frank	897 PALM BEACH LAKES BLVD.	WEST PALM BEACH FL 33409
Member MGRM	Frank W. Frank	897 PALM BEACH LAKES BLVD.	WEST PALM BEACH FL 33409

REINSTATEMENT 2002-2005

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

Angela E. Howard

Date 9/15/2005

Daytime Phone # 561-795-5505

Type or print name of signing Managing Member/Manager

Anton Frank, Member

by A.E. Howard as attorney-in-fact

LO1000000475

Florida Department of State
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Re: A&G Dominican LLC

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$200 check payable to Florida Department of State



We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2002, 2003, 2004 and 2005

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: Angela E. Howard
by A.E. Howard as attorney-in-fact

Name: Anton Frank
Title: Managing Member

Date: 9/15/2005