

APPROVE  
AND  
FILE

192

2002-2003 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR -8 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000003522

1. Limited Liability Company's Name

High Ridge Properties LLC

800015478038  
04/08/03--01073--001 \*\*100.00

2. Principal Office Address

639 East Ocean Ave

Suite, Apt. #, etc.

# 407

City & State

Boynton Beach

Zip

33435

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

Same

City & State

Boynton Beach

Zip

33435

Country

USA

4. State/Country of Formation

FL.

5. Date Organized or Qualified  
To Do Business in Florida

3-5-01

6. FEI Number

26-0004647

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

Keith D. Kern Esq.

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

50 SE. 4th Ave

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33483

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

Keith Kern

REGISTERED AGENT MUST SIGN

Date 3-31-03

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
<u>MGRM</u>	<u>Marcus C. Fender</u>	<u>639. East Ocean Ave</u> <u>Suite 407</u>	<u>Boynton Beach, FL.</u> <u>33435</u>

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

Marcus C. Fender

Date 3-31-03

Daytime Phone # 561-8752-4553

Typed or printed name of signing Managing Member/Manager

Marcus C. Fender

CR2001 (10/02)

2 of 2

High Ridge Properties LLC  
639 East Ocean Avenue  
Suite 407  
Boynton Beach, FL. 33435  
561-752-4553 fax 561-752-4387

March 31, 2003

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL. 32314

To Whom It May Concern:

We have never received the renewal for High Ridge Properties, LLC. We are requesting a reinstatement without penalties due to this oversight.

Kindest regards,



Marcus C. Fender