L01000004148

10/22/03 ... HCRM ...

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED 1062 002/002

03 OCT 22 AM 9:55
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000004148

Name and Mailing Address

000900b3 01 AT 0.292 **AUTO TO 0 0815 33301-290850

PALAZZO LAS OLAS GROUP, LLC
550 SOUTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33301-2908

REINSTATEMENT 2003

2. New Mailing Address	4. State/Country of Formation FL
City, State, Zip	5. Date Organized or Qualified To Do Business in Florida 03/19/2001
Principal Place of Business 550 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33301 / 3. New Principal Place of Business Address; City, State, Zip	6. FEI Number 900034704 — Applied For / Not Applicable
	7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (7/03)

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HCRM CORP 2200 CORPORATE BLVD. NW, SUITE 401 BOCA RATON FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

10. 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 REQUIRED — REGISTERED AGENT MUST SIGN Date

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	COLONIAL DEVELOPMENT GROUP, LLC	2200 CORPORATE BLVD, NW STE 401	BOCA RATON FL 33431

10-23-03

12. 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 REQUIRED Date 10.22.03 Daytime Phone # 954-525-8133

Typed or printed name of signing Managing Member/Manager - Jerrold R Krystoff, President

631849

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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : HUNT, COOK, RIGGS, MEHR & MILLER, P.A.
Account Number : I20010000038
Phone : (561)997-9223
Fax Number : (561)997-6224

L01-1148

LIMITED LIABILITY REINSTATEMENT

PALAZZO LAS OLAS GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$150.00