

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -9 AM 10:04

DOCUMENT # LC1000007201

1. Limited Liability Company's Name

RANDALL GREENE DEVELOPMENTS, LLC

900058386789
08/09/05--01032--003 **300.00

2. Principal Office Address

3222 EMBASSY DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

3222 EMBASSY DRIVE

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FLORIDA

City & State

WEST PALM BEACH, FL

Zip

33401

Country

US

Zip

33401

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

5/04/2001

6. FEI Number

651093194

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

JAMES E. JACOBY, ESQ

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

4300 CATALFORD WAY

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

REGISTERED AGENT MUST SIGN

Date

AUGUST 2, 2005

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
MANG. MEM.	<u>RANDALL F. GREENE</u>	<u>3222 EMBASSY DRIVE</u>	<u>WEST PALM BEACH, FL 33401</u>
MEM.			

REINSTATEMENT 02-05

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

02 AUG 05

Daytime Phone #

561.317.3354

Typed or printed name of signing Managing Member/Manager

RANDALL F. GREENE