

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 AUG -4 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L01000010435

1. Limited Liability Company's Name

ST. GEORGE'S ROW, L.L.C.

2. Principal Office Address

129 S. Golfview Road

Suite, Apt. #, etc.  
Apt. 9

City & State

Lake Worth, FL

Zip

33460

Country

USA

3. Mailing Office Address

129 S. Golfview Road

Suite, Apt. #, etc.  
Apt. 9

City & State

Lake Worth, FL

Zip

33460

Country

USA

4. State/Country of Formation

Florida/US

5. Date Organized or Qualified  
To Do Business in Florida

6/27/01

6. FEI Number

65-1135879

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

Mark J. Lynn, Esquire

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

Robert S. Forman; P. A. #2101 West Commercial Blvd.

Suite, Apt. #, Etc.

Suite 4100

City

Fort Lauderdale

State

FL

Zip Code

33309

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

7/30/04

**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	Karel Johnson	129 S. Golfview Road	Lake Worth, FL 33460
MGRM	Lise Johnson	129 S. Golfview Road	Lake Worth, FL 33460

**REINSTATEMENT**

2003-  
2004-  
w/o Penalty fees

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

Karel Johnson by Mark J. Lynn, Attorney In Fact

Date 7/30/04

Daytime Phone # 561-547-5789

Typed or printed name of signing Managing Member/Manager Karel Johnson, Member, by Mark J. Lynn, Attorney In Fact

CR2E041 (10/02)

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LAW OFFICES  
**ROBERT S. FORMAN, P.A.**

SUITE 4100  
2101 WEST COMMERCIAL BOULEVARD  
FORT LAUDERDALE, FLORIDA 33309

ROBERT S. FORMAN  
MARK J. LYNN

TELEPHONE (954) 735-0000  
TELEFAX (954) 735-3636

OF COUNSEL  
VINCENT J. ALTINO, P.A.  
BERMAN & KEAN, P.A.

July 30, 2004

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

RE: Reinstatement of St. George's Row, L.L.C.  
Document # L01000010435  
Dissolution 2003

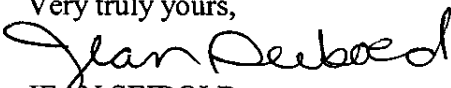
Dear Gentlemen:

Enclosed please find Limited Liability Company Reinstatement form to be filed with the Department of State together with our check in the sum of \$105.00 representing the 2003 and 2004 fee and \$5.00 for a Certificate. Our client did not receive his Uniform Business Report and in fact did not know that his company became dissolved.

We would appreciate this company being reinstated without having to pay any late fees as they never received any documentation from the State.

If you have any questions regarding the above, please do not hesitate to contact our office.

Very truly yours,

  
JEAN SEIBOLD

/js  
Encls. as stated above