

L01000011704

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 19 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000011704

1. Limited Liability Company's Name

FOUNTAINS OF DELRAY BEACH, LLC

2. Principal Office Address

P.O. BOX 480427

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FLORIDA

Zip

33448

Country

U.S.A.

3. Mailing Office Address

P.O. BOX 480427

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FLORIDA

Zip

33448

Country

U.S.A.

4. State/Country of Formation

FLORIDA, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

07/17/01

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

100019820511
05/19/03--01061--020 **205.00

8. Name and Address of Current Registered Agent

Name

SARAGA & LIPSHY, P.A.

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

201 N.E. FIRST AVENUE

Suite, Apt. #, Etc.

City

DELRAY BEACH,

State

FL

Zip Code

33444

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 05/14/03

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
MGRM	JOEL KRON	P.O. BOX 480427	DELRAY BEACH, FLORIDA 33448

REINSTATEMENT

02-03 cue
dec

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 05/14/03

Daytime Phone # 954-438-8500

Typed or printed name of signing Managing Member/Manager

JOEL KRON

CR2E041 (10/02)

SARAGA & LIPSHY, P.A.
COUNSELORS AT LAW

ROBERT S. SARAGA
ALSO ADMITTED IN NEW YORK

BRIAN LOUIS LIPSHY
ALSO ADMITTED IN WASH. D.C.

201 N.E. FIRST AVENUE
DELRAY BEACH, FLORIDA 33444

(561) 330-0660
BOCA RATON (561) 362-7423
TELECOPY (561) 330-0610
E-MAIL: info@slpalaw.com

DANIEL J. ROSE

May 15, 2003

Via Federal Express

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

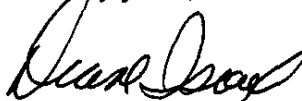
Re: FOUNTAINS OF DELRAY BEACH, LLC

Dear Sir or Madam:

Enclosed herewith, please find for filing an original executed Limited Liability Company Reinstatement form with regard to the above-referenced LLC. Also please find enclosed, our check in the amount of \$205.00 made payable to the Department of State representing a fee of \$200.00 for reinstatement and an additional \$5.00 for a Certificate of Status. Upon filing please return to the undersigned's attention.

Should you have any questions, please do not hesitate to contact me. Thank you.

Sincerely yours,



Diane Israel
Legal Assistant

di

Enclosures

cc: File
Joel Kron, Managing Member