

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 JUL 23 AM 9:01

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000013040**

1. Limited Liability Company's Name

**PALM BEACH CAPITAL ADVISORS, LLC**

2. Principal Office Address

**205 NORTH AVE**

Suite, Apt. #, etc.

**201, POB 2753**

City & State

**PALM BEACH, FL**

Zip

**33480**

Country

**PALM BEACH**

3. Mailing Office Address

**POB 2753**

Suite, Apt. #, etc.

City & State

**PALM BEACH, FL**

Zip

**33480**

Country

**USA**

4. State/Country of Formation

**FL0210A**

5. Date Organized or Qualified  
To Do Business in Florida

**8/6/2001**

6. FEI Number

**04-3611996**

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

**THOMAS ROSS**

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

**205 NORTH AVE #201**

Suite, Apt. #, Etc.

City

**PALM BEACH**

State

**FL**

Zip Code

**33480**

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

**THOMAS H. ROSS**

REGISTERED AGENT MUST SIGN

Date **APRIL 28, 2003**

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
MGR PRES	THOMAS H. ROSS	205 NORTH AVE #201	PALM BEACH, FL 33480

000017823170  
05/01/03--01048--021 \*\*150.00

REINSTATEMENT 02-03

000017823170  
07/28/03--01004--011 \*\*50.00

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

**THOMAS H. ROSS**

Date **4/28/03**

Daytime Phone# **(861) 624-4031**

Typed or printed name of signing Managing Member/Manager

**THOMAS H. ROSS**