

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
L01000015549

FILED

02 NOV 14 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

700008997767  
11/14/02--01036--004 \*\*150.00

700008997767



1. DOCUMENT # L01000015549

Name and Mailing Address

0003753 01 FP 0.352 \*\*PRSRT T2 0 0615 33401-617325



WESTWOOD PARKER, LLC  
C/O KOCHMAN & BRAUN PLC  
222 LAKEVIEW AVENUE, SUITE 950  
WEST PALM BEACH FL 33401-6173

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

09/07/2001

Principal Place of Business

C/O KOCHMAN & BRAUN PLC  
222 LAKEVIEW AVENUE, SUITE 950  
WEST PALM BEACH FL 33401

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

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

KOCHMAN, RONALD S  
222 LAKEVIEW AVENUE, SUITE 950  
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name

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

City

REINSTATEMENT

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

Date 10/15/02

REGISTERED AGENT MUST SIGN

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/M	Susan Palladino	341 WORTH AVE PALM BEACH, FL 33480	
M	Howard Gittis	341 WORTH AVE PALM BEACH, FL 33480	

11/18 not

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

Date 11/4/2002 Daytime Phone # 561-835-8868

CR2E094 (8/02)