

L010000015744

APPROVED
AND
FILED

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 MAY 28 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000015744

1. Limited Liability Company's Name

HT Services Palm Beach, L.L.C.

REINSTATEMENT

2003
2004

2. Principal Office Address 4101 Ravenswood Rd Suite, Apt. #, etc. Suite 130 City & State Dania, Florida Zip 33312 Country USA		3. Mailing Office Address 4101 Ravenswood Rd Suite, Apt. #, etc. Suite 130 City & State Dania, Florida Zip 33312 Country USA		4. State/Country of Formation	
				5. Date Organized or Qualified To Do Business in Florida	
				6. FEI Number 05-0712583	
				Applied For Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name RaFofsky, Harvey	
Street Address (P.O. Box Number is Not Acceptable) 4101 Ravenswood Rd	
Suite, Apt. #, Etc. Suite 130	
City Dania	State FL
Zip Code 33312	

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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 Harvey RaFofsky Date Apr 30, 2004

REGISTERED AGENT MUST SIGN

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	RaFofsky, Harvey	4101 Ravenswood Rd Suite 130	Dania, FL 33312
MGRH	Marcus, Stewart	3225 Aviation Ave Suite 700	Coconut Grove, FL 33133
MEM	Marcus, Jane	3225 Aviation Ave Suite 700	Coconut Grove, FL 33133

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 Harvey RaFofsky Date 4/30/04 Daytime Phone # 954 791 1101

Typed or printed name of signing Managing Member/Manager HARVEY RAFOFSKY MGRM

CR20041 (10/02)

2002

HT Services Palm Beach, LLC
450 E. Ocean Avenue
Lantana, Florida 33462

April 30, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Reference: # L01000015744

Dear Sir or Madam:

Please be advised that our office never received the previous mailing of the UBR form.
Enclosed please find the completed UBR for 2004 along with our check in the amount of
\$55.00

If you should require any further information, please contact me at (954) 791-1101.

Yours truly,



Harvey P. Rafofsky
Managing Member