

101000017720

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 101000017720

1. Limited Liability Company's Name

Centurion Partners LLC

700024098147

10/24/03--01072--022 \*\*155.00

2. Principal Office Address

7000 W. PALMETTO

Suite, Apt. #, etc.

402

City & State

Boca Raton FL

Zip

33433

Country

US

3. Mailing Office Address

110 E BROWARD

Suite, Apt. #, etc.

1700

City & State

Ft. Laud. FL

Zip

33301

Country

4. State/Country of Formation

FL. US

5. Date Organized or Qualified  
To Do Business in Florida

10/16/01

6. FEI Number

NONE

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

STEVEN B. GREENFIELD

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

7000 W PALMETTO PK. RD

Suite, Apt. #, Etc.

402

City

Boca Raton

State

FL

Zip Code

33433

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/22/03

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
[Signature]	FRANCESCO MILETO	110 E BROWARD BLVD	FT. LAUD FL 33301

REINSTATEMENT 03

[Signature]

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

[Signature]

Date 10/21/03

Daytime Phone # 954 944 9847

Typed or printed name of signing Managing Member/Manager FRANCESCO Mileto

CR2E041 (10/02)