

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000000579

LIMITED LIABILITY COMPANY
INSTATEMENT
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 19 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500030803765
03/19/04--01040--028 **205.00

DOCUMENT # **L02 0000000579**

1. Limited Liability Company's Name

FT. DUQUESNE HOLDINGS, LLC

2. Principal Office Address

1900 Glades Road

Suite, Apt. #, etc.

Suite 401

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Office Address

1900 Glades Road

Suite, Apt. #, etc.

Suite 401

City & State

Boca Raton

Zip

FL

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

01/03/2002

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

Name

W. RODGERS MOORE, ESQ.

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

One Lincoln Place, 1900 Glades Road

Suite, Apt. #, Etc.

Suite 401

City

Boca Raton

State

FL

Zip Code

33431

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 **3/17/04**

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	W. Rodgers Moore, Esq.	1900 Glades Road, Suite 401	Boca Raton, FL 33431

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided 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 complies with 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 **3/17/04**

Daytime Phone # **561-394-7944**

Typed or printed name of signing Managing Member/Manager

W. Rodgers Moore

CR20041 (10/02)