

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 12 PM 1:55

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # 202000001362

1. Limited Liability Company's Name

PALACE DEVELOPMENT III, LLC

2. Principal Office Address

9705 A W. HWY 98

3. Mailing Office Address

9705 A W. HWY 98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State -

DESTIN, FL.

City & State -

DESTIN, FL

Zip

32550

Country

WALTON

Zip

32550

Country

WALTON

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01/17/2002

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

CHAIM HERSHKOWITS

500024617345

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

9705 A W. HWY 98

11/12/03--01084--012 **150.00

Suite, Apt. #, Etc.

City

DESTIN

State

FL

Zip Code

32550

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]

Date 11-10-03

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
MANAGING PARTNER	CHAIM HERSHKOWITS	9705 A W. HWY 98	DESTIN, FL 32550

REINSTATEMENT 2003

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 11-10-03

Daytime Phone# 850-684-8956

Typed or printed name of signing Managing Member/Manager

CHAIM HERSHKOWITS

CR2E041 (10/02)