

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT -9 AM 10:49

10/23

DOCUMENT # L02000001714

1. Limited Liability Company's Name

Park Place of Jupiter, LLC  
REINSTATEMENT 2003

2. Principal Office Address

13935 U.S. Hwy ONE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Juno Beach, FL

City & State

FL

Zip

33408

Country

Palm Beach

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

1/18/2002

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

Thomas J. Benz

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

13935 U.S. Hwy ONE

Suite, Apt. #, Etc.

City

Juno Beach

State

FL

Zip Code

33408

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

THOMAS J. BENZ  
REGISTERED AGENT MUST SIGN

Date

10/06/03

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   |
|---------------|-----------------------------------|--|----------------------|
| MGR           | Thomas J. Benz                    | 13935 U.S. Hwy ONE                             | Juno Beach, FL 33408 |
| 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

THOMAS J. BENZ

Date

10/06/03

Daytime Phone #

561-201-5456

Typed or printed name of signing Managing Member/Manager

Thomas J. Benz

CR2E041 (10/02)