

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000002062

Name and Mailing Address

0016091 01 MB 0.309 ***AUTO T9 0 0615 33233-060101



ARGYLE DEVELOPMENT SOLUTIONS, LLC
PO BOX 330601
MIAMI FL 33233-0601



2. New Mailing Address

2421 Lake Pancoast Drive, #3A

City, State, Zip

Miami Beach, FL 33140

Principal Place of Business

2560 S. OCEAN BLVD.
SUITE 402
PALM BEACH FL 33480

3. New Principal Place of Business Address

400 Clematis Street, #209

City, State, Zip

West Palm Beach, FL 33401

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

01/28/2002

6. FEI Number

753984472

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

FITZPATRICK, LYNN A
2560 S. OCEAN BLVD.
SUITE 402
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name

Lynn A. Fitzpatrick

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

2421 Lake Pancoast Drive.

#3A

City

Miami Beach

FL

Zip Code

33140

10. 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

Lynn Fitzpatrick

REGISTERED AGENT MUST SIGN

Date 10/25/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City, State, Zip
mgr	Lynn A. Fitzpatrick	2421 Lake Pancoast Dr., #3A	Miami Beach, FL 33140

REINSTATEMENT

03

dec

12. 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

Lynn Fitzpatrick

Date 10/25/03 Daytime Phone (305) 532-2986

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)