

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 26 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Bonaventure Partners, LLC

REINSTATEMENT

2003-
2004

2. Principal Office Address

200 Bonaventure Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

200 Bonaventure Blvd

Suite, Apt. #, etc.

City & State

Weston FL

City & State

Weston FL

Zip

33326

Country

USA

Zip

33326

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2/26/02

6. FEI Number

02-0614308

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

Karen Christophe-Perron

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

200 Bonaventure Blvd

Suite, Apt. #, Etc.

City

Weston

State
FL

Zip Code

33326

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

Karen Christophe-Perron

Date

6/18/04

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 Member	Michael J. Fernandez	200 Bonaventure Blvd	Weston FL 33326

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

Michael J. Fernandez

Date

6-18-04

Daytime Phone #

(954) 389-2100 x8123

Typed or printed name of signing Managing Member/Manager

Michael J. Fernandez

CR2E041 (10/02)