

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000008564

1. Limited Liability Company's Name

FOREFRONT ENTERPRISES, LLC

2. Principal Office Address - No P.O. Box #

2865 PGA BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

PALM BEACH GDNs, FL

City & State

Zip
33410

Country

USA

Zip

Country

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

03/04/2002

6. FEI Number

01-0665207

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

GREGORY S. DELANGE, MD

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

2865 PGA BLVD

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

8/17/2009

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	GREGORY S. DELANGE, MD	2865 PGA BLVD	PALM BEACH GDNs, FL 33410
REINSTATEMENT			
FF \$1,032.50			

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

Date

8/17/2009

Daytime Phone #

561-776-9555

Typed or printed name of signing Managing Member/Manager

GREGORY S. DELANGE, MD

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 SEP -3 AM 8:31

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09/03/09--01041--004 **932.50

CR2E041 (10/08)

Applied \$100 FF fee
6/10/09 for cert. of Rev.
of Dissolution

9/10/09