

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 18, 2004 8:00 A.M
Secretary of State

DOCUMENT # L02000010253

1. Limited Liability Company's Name

Vested Partners LLC

2. Principal Office Address

1200 N. FEDERAL

Suite, Apt. #, etc.

#207

City & State

Boca Raton FL

Zip

33432

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL. Palm Beach Co.

5. Date Organized or Qualified
To Do Business in Florida

4-29-02

6. FEI Number

15-3053170

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

Business Filings Incorporated

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

660 East Jefferson St.

Suite, Apt. #, Etc.

City

Tallahassee

600037948016

06/15/04--01011--003 **200 00

State

FL

Zip Code

32301

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

Mark Schiff AUP

REGISTERED AGENT MUST SIGN

Date 6/8/04

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

Pres Juli Katz 5015 Blue Heron Way Boca Raton, FL
33431
MGR David Davidson

REINSTATEMENT

03-04

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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

David Davidson

Date

6/7/04

Daytime Phone

561-367-0009

Typed or printed name of signing Managing Member/Manager