

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000015988

1. Limited Liability Company's Name

Fountainhead Holdings, LLC

2. Principal Office Address - No P.O. Box #
18001 Collins Avenue

Suite, Apt. #, etc.

31st Floor

City & State

Sunny Isles Beach, FL

Zip

33160

Country

USA

3. Mailing Office Address

18001 Collins Avenue

Suite, Apt. #, etc.

31st Floor

City & State

Sunny Isles Beach, FL

Zip

33160

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

06/25/2002

6. FEI Number

13-2816452

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/11)

E-mail Address:

900215825409
01/03/12--01042--020 **238.75

legal@trumpgrande.com

(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name **Warren Jay Stamm, Esq.**

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

18001 Collins Avenue

Suite, Apt. #, Etc.

31st Floor

City

Sunny Isles Beach

State

FL

Zip Code

33160

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

Date

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
MGR	Michael Dezer	18001 Collins Ave, 31st Floor	Sunny Isles Beach, FL 33160
MGR	Gil Dezer	18001 Collins Ave, 31st Floor	Sunny Isles Beach, FL 33160

REINSTATEMENT 2011

DB

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date

12/19/11

Daytime Phone #

305 9321000

Typed or printed name of signing Managing Member/Manager

Gil Dezer



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 6, 2012

FOUNTAINHEAD HOLDINGS, LLC
18001 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160

SUBJECT: FOUNTAINHEAD HOLDINGS, LLC
Ref. Number: L02000015988

FILED
12 FEB 16 PM 2:00
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

We have received your document for FOUNTAINHEAD HOLDINGS, LLC and your check(s) totaling \$238.75. However, the document has not been filed and is being retained in this office for the following:

The total amount due to reinstate is \$377.50.

Any reinstatement application received after January 1st must include the fees for next year's annual report. Please be sure to include an additional \$138.75 if your reinstatement is submitted after January 1st.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 012A00000416