FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 SEP 26 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000016404

1. Limited Liability Company's Name

PALM BEACH OCEANFRONT, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3550 S OCEAN BLVD	P.O. BOX 2881
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: S PALM BEACH FL	City & State: PALM BEACH FL
Zip: 33480 Country: USA	Zip: 33480 Country: USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 06/28/2002

6. FEI Number: 010727616 ☐ 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: CORPORATE CREATIONS NETWORK INC.

Street Address (P.O. Box Number Is Not Acceptable): 11380 Prosperity Farms Road, #221

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: Valerie Hawk **Valerie Hawk, Special Secretary** Date: 9/25/08

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	PJETER PALOKA	PO BOX 2881	PALM BEACH FL 33480
	REINSTATEMENT-07-08		

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: Valerie Hawk Date: 9/25/08 Daytime Phone #: 561-694-8107

Typed or printed name of signing Managing Member/Manager: PJETER PALOKA, by V.Hawk as atty-in-fact

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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LIMITED LIABILITY REINSTATEMENT

PALM BEACH OCEANFRONT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$377.50~~

$277.50
Reinstatement Penalty Waived

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