

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 DEC 28 AM 10:20

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000016736

1. Limited Liability Company's Name

The Bridge Place, Palm Beaches, L.L.C.

CR2E041 (1/11)

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

800 10th Street

Suite, Apt. #, etc.

3. Mailing Office Address

800 10th Street

Suite, Apt. #, etc.

City & State

Lake Park, FL

City & State

Lake Park, FL

Zip

33403

Country

USA

Zip

33403

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified  
To Do Business in Florida

7/2/2002

6. FEI Number

52 237 6589

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

Paul T Swanson

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

128 Sota Drive

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33458

E-mail Address:

the bridge place@gmail.com

600215595176

12/28/11--01047--003 \*\*238.75

(To be used for future annual report notices)

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

*Paul T Swanson*

Date 12/22/11

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
MEM	Vincent W Grande, Jr	19190 Tamara Lane	Jupiter, FL 33458

REINSTATEMENT 2011

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

*Vincent W Grande*

Date 12/22/11

Daytime Phone # 561 842 2882

Typed or printed name of signing Managing Member/Manager

T. Hampton JAN - 6 2011