

LO2000018143

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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LIMITED LIABILITY REINSTATEMENT

FIRST WEST PALM OFFICE OWNER LLC

Certificate of Status	0
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EXAMINER

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LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L02000018143

1. Limited Liability Company's Name

FIRST WEST PALM OFFICE OWNER LLC

REINSTATEMENT 06-08

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 1200 N. DIXIE HIGHWAY Suite, Apt. #, etc.		3. Mailing Office Address 1200 N. DIXIE HIGHWAY Suite, Apt. #, etc.	
City & State LAKE WORTH, FL		City & State LAKE WORTH, FL	
Zip 33460	Country USA	Zip 33460	Country USA

4. State/Country of Formation FLORIDA/ USA	
5. Date Organized or Qualified To Do Business in Florida 7/18/2002	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

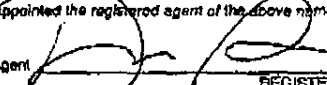
City
TALLAHASSEE

State
FL

Zip Code
32301

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  Dona L. Priebe, Assistant VP

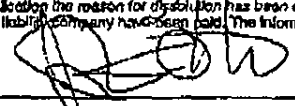
REGISTERED AGENT MUST SIGN

Date 12-2-08

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
Mgr	OTTO, JONATHAN	1200 N. DIXIE HIGHWAY	LAKE WORTH, FL 33460

11. I certify that I am managing member/manager or the proprietor 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 12/1/08 Daytime Phone # (561) 585-2800

Typed or printed name of signing Managing Member/Manager JONATHAN OTTO