

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L02000022376**

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 OCT 22 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000022376

1. Limited Liability Company's Name  
Stuart Commercial, LLC

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*DM*

2. Principal Office Address 4411 45th Street		3. Mailing Office Address 4411 45th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33407	Country USA	Zip 33407	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 08/29/2002	
6. FEI Number 56-2291019	Applied For 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 Drennen L. Whitmire, Jr., Esquire		
Street Address (P.O. Box Number is Not Acceptable) 249 Royal Palm Way		
Suite, Apt. #, Etc. Suite 501		
City Palm Beach	State FL	Zip Code 33480

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 *Drennen L. Whitmire, Jr.* Date 10/21/04  
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
MM	David M. Saunders	4411 45th Street	West Palm Beach, FL 33407
			100042322691 10/29/04--01091--008 **200.00
<b>REINSTATEMENT 2003-2004</b>			

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 M. Saunders* Date 10/21/04 Daytime Phone# (561) ~~676~~-6276  
Typed or printed name of signing Managing Member/Manager David M. Saunders, Managing Member