PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State **DIVISION OF CORPORATIONS**

FILED 03 DEC 18, AM 8: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000024728

Name and Mailing Address

0012071 D1 AT 0.292 **AUTO T4 0 0615 33428-305846 tottoollahetelallaladilandahlaketafikadall PATRAM INVESTMENTS, L.L.C. 21946 WHITE PINE TERRACE **BOCA RATON FL 33428-3058**

2. New Mailing Address City, State, Zip				4. State/Country of Formation FL 5. Date Organized or Qualified To Do Business in Florida 09/23/2002		
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee require for a Certificate of Status				
	8. Name and Address of Current	Registered Agent		9. Name and	Address of New Registered	Agent
PISANO, MICHAEL			Name			
	046 WHITE PINE TERRACE CA RATON FL 33428		Street Addres	ress (P.O. Box Number is Not Acceptable)		
			City FL Zip Code			
			<u> </u>			<u>-</u>
			et Address of Eac		Date 12/16/	
m6R	-		ing Member/Man	•	BOCA RATON,	·
				70 12/18/	00256005 0301029002	37 **150.00
					02	5
			. 446 4	·		
filing th all fees	y that I am managing member/manager on is reinstatement application the reason for sowed by the limited liability company have ade under oath.	r the receiver or trustee empowered dissolution to been eliminated, the e been paid fit information indicated	to execute this ap imited liability con f on this application	oplication as provide npany name satisfion is true and accuracy	ded for in chapter 608, F.S. I es the requirements of section rate, and my signature shall h	further certify that when 608.406, F.S., and that ave the same legal effe

Typed or printed name of signing Managing Member/Manager

Managing Member/Manage

OCHAEL PISANO Daytime Phone # 772-321-8373