

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUL -9 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000025624

1. Limited Liability Company's Name

Perpetual Properties, LLC

2. Principal Office Address

2811 Lyons Road

Suite, Apt. #, etc.

3. Mailing Office Address

2811 Lyons Road

Suite, Apt. #, etc.

City & State

Coconut Creek, FL

City & State

Coconut Creek, FL

Zip

33063

Country

USA

Zip

33063

Country

USA

4. State/Country of Formation

Florida, USA

**5. Date Organized or Qualified
To Do Business in Florida**

9-30-02

6. FEI Number

38-3662535

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

Worldwide Corporate Services, Inc.

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

2780 E. Oakland Park Blvd.

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33306

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

Katherine Close, Vice President
REGISTERED AGENT MUST SIGN

Date

7/7/04

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
MGRM	Bogdan Balosan	2811 Lyons Road	Coconut Creek, FL 33063
			200038950812 07/09/04--01059--001 **200.00

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

Bogdan Balosan

Date

07/07/04

Daytime Phone #

954-254-5245

Typed or printed name of signing Managing Member/Manager

Bogdan Balosan

CR20041 (10/02)