

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

04 FEB 12 AM 9:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000027538

Name and Mailing Address

0011821 01 AT 0.292 **AUTO T4 0 0615 33410-351572



INDIAN RIVER/45, L.L.C.
2401 PGA BLVD., SUITE 272
C/O ROBERT LEE SHAPIRO PA
PALM BEACH GARDENS FL 33410-3515



11/11

2/12

2. New Mailing Address 1460 S Ocean Blvd		4. State/Country of Formation FL	
City, State, Zip Manalapan FL 33462		5. Date Organized or Qualified To Do Business in Florida 10/17/2002	
Principal Place of Business 2401 PGA BLVD., SUITE 272 C/O ROBERT LEE SHAPIRO PA PALM BEACH GARDENS FL 33410		3. New Principal Place of Business Address 1460 S Ocean Blvd City, State, Zip Manalapan FL 33462	
		6. FEI Number <input checked="" type="checkbox"/> Applied For <input 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 ROBERT LEE SHAPIRO, P.A. 2401 PGA BLVD., SUITE 272 PALM BEACH GARDENS FL 33410		9. Name and Address of New Registered Agent Paul Roiff 1460 South Ocean Boulevard Manalapan, FL 33462 FL Zip Code	

10. 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

[Signature]

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Paul Roiff	1460 South Ocean Boulevard Manalapan, FL 33462	FL 33462

REINSTATEMENT 2003-2004

12. 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

SIGNATURE REQUIRED

Date

Daytime Phone #

561 533 1523

Typed or printed name of signing Managing Member/Manager