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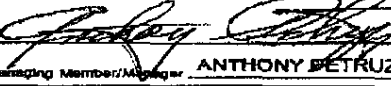
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Nov-18-03 12:56pm From-COHEN MORRIS SCHERER

561-842-4104

T-450 P.02/03 F-620

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000030551			
1. Limited Liability Company's Name F.B.C.M.G. HOLDINGS, LLC			
2. Principal Office Address 1499 FOREST HILL BLVD. Suite, Apt. #, etc. STE 107 City & State WEST PALM BEACH, FL Zip 33406		3. Mailing Office Address 1499 FOREST HILL BLVD. Suite, Apt. #, etc. STE 107 City & State WEST PALM BEACH, FL Zip 33406	
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 11/14/02	
6. FEI Number 52-2414983		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒ YES ☐ NO \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			
Name ANTHONY PETRUZZI			
Street Address (P.O. Box Number is Not Acceptable) 1499 FOREST HILL BLVD.,			
Suite, Apt. #, etc. STE 107			
City WEST PALM BEACH, FL			
Zip Code 33406			
9. I, being appointed the registered agent of the above named limited liability company, do hereby accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent  REGISTERED AGENT MUST SIGN			
Date 11/18/2003			
10. Name and Street Address of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ANTHONY PETRUZZI	1499 FOREST HILL BLVD., STE 107	WEST PALM BEACH, FL 33406
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chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been withdrawn, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been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  Typed or printed name of signing Managing Member/Manager ANTHONY PETRUZZI			
Date 11/18/03			
Daytime Phone # 561/756-5428			

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Nov-18-03 12:56pm From-COHN NORRIS SCHERER

561-842-4104

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : COHN, NORRIS, SCHERER, WEINBERGER & WOLMER
Account Number : 120020000140
Phone : (561)844-3600
Fax Number : (561)842-4104

LIMITED LIABILITY REINSTATEMENT

F.B.C.M.G. HOLDINGS, LLC

Certificate of Status	1
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