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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Nov-18-03 12:56pm From-COHEN NORRIS SCHERER 561-842-4104 T-450 P.02/03 F-630

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

REINSTATEMENT 2003

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 1499 FOREST HILL BLVD. | 1499 FOREST. HILL BLVD. |
| Suite, Apt. #, etc. STE 107 | Suite, Apt. #, etc. STE 107 |
| City & State WEST PALM BEACH, FL | City & State WEST PALM BEACH, FL |
| Zip 33406 Country PALM BEACH | Zip 33406 Country PALM BEACH |

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 ☒ ($8.00 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, State: FL Zip Code: 33406

9. I, being appointed the registered agent of the above named limited liability company, ~~as familiar~~ with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 11/18/2003

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 |
|---|---|---|---|
| MGR | ANTHONY PETRUZZI | 1499 FOREST HILL BLVD., STE 107 | WEST PALM BEACH, FL 33406 |
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11-18-03

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 608.408, 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] Date: 11/18/03 Daytime Phone #: 561/756-5428

Typed or printed name of signing Managing Member/Manager: ANTHONY PETRUZZI

(((H03000319561 3)))

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# Florida Department of State
## Division of Corporations
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Account Number : 120020000140
Phone : (561)844-3600
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## LIMITED LIABILITY REINSTATEMENT

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

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| Certificate of Status | 1 |
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