

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 APR 18 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000000102

1. Limited Liability Company's Name

Five Star LLC

2. Principal Office Address

33306

3. Mailing Office Address

1800 NE 27<sup>th</sup> ST Fort Laud. FL 1800 NE 27<sup>th</sup> ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale

City & State

FL.

Zip

33306

Country

U.S.A.

Zip

33306

Country

U.S.A.

4. State/Country of Formation

Florida / U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

03/03

6. FEI Number

82-058-8625

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

Elbert Babb

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

1800 NE 27<sup>th</sup> STREET

Suite, Apt. #, Etc.

City

Fort Lauderdale

2004-2005  
REINSTATEMENT  
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

Elbert E Babb

REGISTERED AGENT MUST SIGN

Date 03/29/05

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
MEMBER VS AGENT	ELBERT BABB	1800 NE 27 <sup>th</sup> ST	Fort Lauderdale, FL 33306
MEMBER VS	Robert Corish	918 NORIDEE TRAIL	Port Washington WI 53074
MEMBER VS	DAVE HALPERT	5737 VIA DE LA PLATA CR.	DELRAY BEACH FL 33484
MEMBER VS	CHRISTOPHER BRUKOFF	1105 CASEY KEY RD.	NOKOMIS, FL 34275
MEMBER VS	JOHN WLODARSKI	2220 S. MISTY COURT	NEW Berlin, WI 53151
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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

Elbert E Babb

Date 03/29/05

Daytime Phone # 954-336-4544

Typed or printed name of signing Managing Member/Manager

ELBERT E BABB