

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 10 AM 9:04

DOCUMENT # L03000002079

1. Limited Liability Company's Name

PALM ISLES REALTY, LLC

2. Principal Office Address

444 BRICKELL AVE

3. Mailing Office Address

444 BRICKELL AVE

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

SUITE 300

City & State

MIAMI, F

City & State

MIAMI, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

07-17-2003

6. FEI Number

65-1169858

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

STEWART A. MERKIN, ESQ.

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

444 BRICKELL AVENUE

Suite, Apt. #, Etc.

SUITE 300

City

MIAMI

State

FL

Zip Code

33131

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 2/13/06

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	STEWART A. MERKIN	444 BRICKELL AVE, STE.300	MIAMI, FL 33131
			300069161983 03/31/06--01032--016 **250.00
			04-06

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

[Signature]

Date 2-13-06

Daytime Phone# 305-357-5556

Typed or printed name of signing Managing Member/Manager

STEWART A. MERKIN, MANAGER