

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000011513

1. Entity Name  
CHASTELLE LLC



FILED

05 APR 25 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business  
16232 OPAL CREEK DRIVE  
WESTON, FL 33331

Mailing Address  
16232 OPAL CREEK DRIVE  
WESTON, FL 33331

2. Principal Place of Business  
2519 N. OCEAN BLVD  
Suite, Apt. #, etc.  
# 413  
City & State  
BOCA RATON FL  
Zip  
33431  
Country  
USA

3. Mailing Address  
2519 N. OCEAN BLVD  
Suite, Apt. #, etc.  
# 413  
City & State  
BOCA RATON FL  
Zip  
33431  
Country  
USA

04072005 REIN-LLC CR2E101 (6/04)

4. FEI Number  
58-2668743  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
RESKIN, CHARLES  
16232 OPAL CREEK DRIVE  
WESTON, FL 33331

7. Name and Address of New Registered Agent  
Name  
MARK KING  
Street Address (P.O. Box Number is Not Acceptable)  
5353 N. Federal Highway SUITE 207  
City  
FORT LAUDERDALE FL Zip Code  
33308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mark King (NOTE: Registered Agent signature required when reinstating) DATE 4/8/05

FILE NOW!!! FEE IS \$100.00 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MANAGER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M ESTELLE SPIKE		NAME		
STREET ADDRESS	2519 N OCEAN BLVD #413		STREET ADDRESS	800054238948	
CITY-ST-ZIP	BOCA RATON FL 33431		CITY-ST-ZIP	05/10/05--01109--004 **100.00	
TITLE	MANAGER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES S. RESKIN		NAME		
STREET ADDRESS	940 SWEET WATER LANE #304		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

2004-2005  
REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE M. Estelle Spike M. ESTELLE SPIKE 4/10/05 561-414-1317  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #