

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:11

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000014597

1. Limited Liability Company's Name

Royal Palm Properties Builders, LLC

2. Principal Office Address

11419 Little Bear Way

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33428

Country

Palm Beach

3. Mailing Office Address

11419 Little Bear Way

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33428

Country

Palm Beach

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/2/2001

6. FEI Number

51-0402911

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

John Teti Jr.

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

931 South M. Street

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33460

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

Date

9/19/06

REGISTERED AGENT MUST SIGN

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
MGM	Robert Vespa	931 South M Street	Lake Worth, FL 33460
			50088270575 09/28/06--01055--012 **250.00
			REINSTATEMENT 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

Date

9/19/06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Robert Vespa