

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2008 OCT 15 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000016196

1. Limited Liability Company's Name

BILTMORE GALLERIA, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 12 GOLFVIEW ROAD		3. Mailing Office Address P.O. BOX 708	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PALM BEACH, FL		City & State PALM BEACH, FL	
Zip 33480	Country	Zip 33480	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida May 2, 2003	
6. FEI Number 20-0353396	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Francis X. J. Lynch, Esquire		
Street Address (P.O. Box Number is Not Acceptable) 625 North Flagler Drive		
Suite, Apt. #, Etc. 9th Floor		
City West Palm Beach	State FL	Zip Code 33401

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date

10/13/08

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
CP	WHELTON, JOHN	12 GOLFVIEW ROAD	PALM BEACH, FL 33480
VP	WHELTON, MAHNAZ	12 GOLFVIEW ROAD	PALM BEACH, FL 33480

REINSTATEMENT

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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

Date

10/6/2008

Daytime Phone #

561 833-6700

Typed or printed name of signing Managing Member/Manager JOHN WHELTON