

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAY 30 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000020759

1. Limited Liability Company's Name

1900 PALM BEACH LAKES, LLC

200235681712
05/30/12--01009--019 **1215.00
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 2 HUDSON PLACE		3. Mailing Office Address 2 HUDSON PLACE	
Suite, Apt. #, etc. 3RD FLOOR		Suite, Apt. #, etc. 3RD FLOOR	
City & State HOBOKEN, N.J.		City & State HOBOKEN, N.J.	
Zip 07030	Country U.S.	Zip 07030	Country U.S.

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 06/09/2003	
6. FEI Number 20-0046966	<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 Alan S. Walters, Esq.			
Street Address (P.O. Box Number is Not Acceptable) 4770 Biscayne Blvd			
Suite, Apt. #, Etc. Ste 640			
City Miami	State FL	Zip Code 33137	

E-mail Address: awalters@hudcap.com (To be used for future annual report notices)
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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 *Alan S. Walters* Date 5/21/12
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
Mgmr	James Aug	2 Hudson Place, 3rd Floor	Hoboken, N.J., 07030
REINSTATEMENT - 2005-2012			

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager *James Aug* Date 5/16/12 Daytime Phone # 917 796 7082
Typed or printed name of signing Managing Member/Manager **James Aug**