

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 10 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/10/09--01038--015 **932.50

DOCUMENT # L03000020999

1. Limited Liability Company's Name

Forte Broadway Properties, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

2623 Broadway

Suite, Apt. #, etc.

City & State

Riviera Beach, FL

Zip

33404

Country

USA

3. Mailing Office Address

114 Anchorage Drive, South

Suite, Apt. #, etc.

City & State

North Palm Beach, FL

Zip

33408

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida **06/15/03**

6. FEI Number

☐ 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

Domenico Forte

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

114 Anchorage Drive, South

Suite, Apt. #, Etc.

City

North Palm Beach

State

FL

Zip Code

33408

☐ 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

3/4/09

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	Domenico Forte	114 Anchorage Drive, South	North Palm Beach, FL 33408
Mgr	Giuseppina Forte	114 Anchorage Drive, South	North Palm Beach, FL 33408

REINSTATEMENT

2004-09

JB

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

3-4-09

Daytime Phone #

561-601-0326

Typed or printed name of signing Managing Member/Manager