

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 11 AM 8:17

DOCUMENT # L030000023334

1. Limited Liability Company's Name

PALM BEACH, LLC

2. Principal Office Address

4276 NW 66TH DRIVE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33496

Country

USA

3. Mailing Office Address

4276 NW 66TH DRIVE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33496

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

06/20/2003

6. FEI Number

30-0293631

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

JAVIER ZYLBERBERG

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

4276 NW 66TH DRIVE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33496

REINSTATEMENT 04-05

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 01/27/05

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
MEM	CLAUDIA ZYLBERBERG	4276 NW 66TH DRIVE	BOCA RATON, FL 33496

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

[Signature]

Date 01/27/05

Daytime Phone # (561) 929-3655

Typed or printed name of signing Managing Member/Manager

CLAUDIA ZYLBERBERG

CR2041 (10/02)