

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 18 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L03000040978

1. Limited Liability Company's Name

BOYNTON VILLA DEL SOL, LLC

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

14160 Palmetto Frontage Rd

3. Mailing Office Address

14160 Palmetto Frontage Rd

Suite, Apt. #, etc.

Suite 10

Suite, Apt. #, etc.

Suite 10

City & State

Miami Lakes, FL 33016

City & State

Miami Lakes, FL

Zip

33016

Country

USA

Zip

33016

Country

USA

State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

10/24/2003

6. FEI Number

200341623

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
Alejandro Vilarello, ESQ

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

14160 Palmetto Frontage Rd

Suite, Apt. #, Etc.

Suite 10

City
Miami Lakes, FL

State

FL

Zip Code

33016

☐ 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 **7/12/07**

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	ARTHUR FALCON	1951 NW 19TH STREET	BOCA RATON, FL 33431

11. I certify that I am managing member/manager of 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 **7/12/07**

Daytime Phone # **305-827-5665**

Typed or printed name of signing Managing Member/Manager

ARTHUR FALCON