

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2010 MAY -7 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
800180260728  
05/04/10--01008--018 \*\*416.25

CR2E041 (11/09)

DOCUMENT # L04000001820

1. Limited Liability Company's Name

Protege Holdings LLC

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

12412 Clearfalls DR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Zip

33428

Country

Palm Beach

Zip

Country

4. State/Country of Formation

FL Palm Beach

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

432039069

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

S. Nickman

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

696 Burgundy O

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33484

☒ 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

S. Nickman

REGISTERED AGENT MUST SIGN

Date 4/30/10

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
MGRM	Jeffrey Matloff	12412 Clearfalls DR	Boca Raton, FL 33428

REINSTATEMENT

11. E-mail Address: Jmatloff@ProtegeHospitality.com

12. 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

Jeffrey Matloff

Date 4/30/10

Daytime Phone # 561 470-1343

Typed or printed name of signing Managing Member/Manager

Jeffrey Matloff