

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L04000006283**

1. Limited Liability Company's Name

The Palms of Treasure Island, LLC

2010

2. Principal Office Address - No P.O. Box #  
280 Gulf Blvd.

Suite, Apt. #, etc.

City & State

BELLAIRE SHORES, FL

Zip

33786

Country

3. Mailing Office Address

PO Box 151285

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33684

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

1/23/2004

6. FEI Number

74-3113560

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  
Brian A. Leung

Street Address (P.O. Box Number is Not Acceptable)  
3203 W. Cypress St.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33607

E-mail Address:

300235522083  
05/24/12--01027--010 \*\*516.25

brianleung@holcomblaw.com

(To be used for future annual report notices)

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

Date 5/15/12

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
MGR	Ronald Roseman	PO Box 151285	Tampa, FL 33684

REINSTATEMENT 2010-2012

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

Date 5/15/12

Daytime Phone # 813-258-5835

Typed or printed name of signing Managing Member/Manager