

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 15 PM 1:54

DOCUMENT # L04000007246

1. Limited Liability Company's Name

Platinum Partners, LLC

W38-29540

300133268453
07/22/08--01013--007 ***416.25

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #
2200 SW 10 St.

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

3. Mailing Office Address

2200 SW 10 St.

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-0654066

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

Charles Eissa

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

2200 SW 10 St.

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33442

☒ 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

Charles Eissa

REGISTERED AGENT MUST SIGN

Date

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
Pres.	Charles Eissa	2200 SW 10 St.	Deerfield Beach, FL 33442
Co-Chair	Alvin Clemens	150 N. Radnor Chester Rd Ste B101	Radnor, PA 19087
CFO	Anthony Verdi	150 N. Radnor Chester Rd Ste B101	Radnor, PA 19087

REINSTATEMENT

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

Charles Eissa

Date 6-10-08

Daytime Phone # 954-691-4054

Typed or printed name of signing Managing Member/Manager Charles Eissa / President

\$416.25

RA Sign.