

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 23 AM 9:21

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| DOCUMENT # L04000009948 1. Entity Name BOCA WATERFRONT DEVELOPMENT, LLC | | | | | |
| Principal Place of Business SANCTUARY OF BOCA, SUITE 208 4400 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33431 | | | Mailing Address SANCTUARY OF BOCA, SUITE 208 4400 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33431 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 32-0157536 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| COLEMAN, MATHEW SANCTUARY OF BOCA, SUITE 208 4400 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33431 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE | | Signature, typed or printed name of registered agent and title if applicable. | | DATE 5-6-08 | |
| FILE NOW!!! FEE IS \$277.50 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM COLEMAN, MATHEW D JR 4400 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33431 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM RING, BRUCE 4400 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33431 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | <div style="text-align: center;"> REINSTATEMENT W/O/P 07-08 </div> | | |
| SIGNATURE | | | Date 5-6-08 | | |
| SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) MATTHEW COLEMAN | | | Daytime Phone # 917-863-0629 | | |