L04000011165

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Account Number : 071250001512
Phone : (305)789-9200
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L. SELLERS
FEB 25 2009
EXAMINER

LIMITED LIABILITY REINSTATEMENT

PALM RESORTS GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$377.50

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TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/08)

DOCUMENT # L04000011165

1. Limited Liability Company's Name

PALM RESORTS GROUP LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1401 Bay Road		1401 Bay Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 206		Suite 206	
City & State		City & State	
Miami Beach, FL		Miami Beach, FL	
Zip	Country	Zip	Country
33139	USA	33139	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 02/11/2004

6. FEI Number: 75-3148856 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee is required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: SPUCHES, CHRISTOPHER

Street Address (P.O. Box Number is Not Acceptable): 1401 Bay Road

Suite, Apt. #, Etc.: Suite 206

City: Miami Beach | State: FL | Zip Code: 33139

☒ 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: CRS — REGISTERED AGENT MUST SIGN — Date: 2/23/09

10. Name and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SPUCHES, CHRISTOPHER	1401 Bay Road, Suite 206	Miami Beach, FL 33139
MGRM	PRAVDA, EVAN	1401 Bay Road, Suite 206	Miami Beach, FL 33139

REINSTATEMENT 2008-2009

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 608.508, 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: CRS — Date: 2/23/09 — Daytime Phone #: (917)579-8899

Typed or printed name of signing Managing Member/Manager: Christopher Spuches, Managing Member