

02/23/2009 17:23

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FOWLER WHITE BURNETT

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

FEB 25 2009

From:

Account Name : FOWLER WHITE BURNETT P.A.
Account Number : 071250001512
Phone : (305) 789-9200
Fax Number : (305) 789-9201

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

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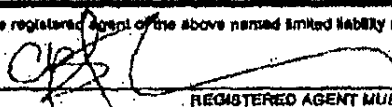
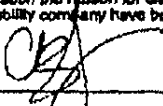
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TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 104000011165					
1. Limited Liability Company's Name PALM RESORTS GROUP LLC					
2. Principal Office Address - No P.O. Box # 1401 Bay Road		3. Mailing Office Address 1401 Bay Road		4. State/Country of Formation Florida	
Suite, Apt. #, etc. Suite 208		Suite, Apt. #, etc. Suite 208		5. Date Organized or Qualified To Do Business in Florida 02/11/2004	
City & State Miami Beach, FL		City & State Miami Beach, FL		6. FET Number 75-3148856	
Zip 33139	Country USA	Zip 33139	Country USA	☐ 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 208					
City Miami Beach				State FL	Zip Code 33139
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 2/23/09 REGISTERED AGENT MUST SIGN					
10. Name and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager		City/State/Zip	
MGRM	SPUCHES, CHRISTOPHER	1401 Bay Road, Suite 208		Miami Beach, FL 33139	
MGRM	PRAVDA, EVAN	1401 Bay Road, Suite 208		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 608.406, 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:  Date 2/23/09 Daytime Phone # (917) 579 8899 Typed or printed name of signing Managing Member/Manager: Christopher Spuches, Managing Member					

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