

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 DEC 24 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000016718

1. Limited Liability Company's Name

SILVER BALTIMORE WINDSOR HOUSE, LLC

2. Principal Office Address - No P.O. Box #
6001 BROKEN SOUND PKWY

Suite, Apt. #, etc.
#600

City & State
BOCA RATON, FL

Zip
33487

Country
USA

3. Mailing Office Address
6001 BROKEN SOUND PKWY

Suite, Apt. #, etc.
#600

City & State
BOCA RATON, FL

Zip
33487

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 03/02/2004

6. FEI Number
200829226

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
JAMES H SCHNARE, II

Street Address (P.O. Box Number is Not Acceptable)
11780 US HIGHWAY #1,

Suite, Apt. #, Etc.
SUITE 300

City
NORTH PALM BEACH

State
FL

Zip Code
33408

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date *12/21/07*

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
MGRM	GAVRIEL ALEXANDER	6001 BROKEN SOUND PKWY #600	BOCA RATON, FL 33487

REINSTATEMENT *06-07*

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

[Signature]

Date 12/21/07

Daytime Phone# 917-359-6316

Typed or printed name of signing Managing Member/Manager **GAVRIEL ALEXANDER**