

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 10:09

DOCUMENT # L04000032175

1. Entity Name
MINNIEAR HOLDINGS, LLC



Principal Place of Business
6001 BROKEN SOUND PARKWAY, SABRE CENTER II
BOCA RATON, FL 33487

Mailing Address
6001 BROKEN SOUND PARKWAY, SABRE CENTER II
BOCA RATON, FL 33487

2. Principal Place of Business
1001 E Telecom Drive

3. Mailing Address
1001 E Telecom Drive

Suite, Apt. #, etc.

City & State
Boca Raton FL 33431

Zip
33431

Country
US

12142005 REIN-LLC CR2E101 (6/04)

4. FEI Number
20-1071485

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ELKIN, PAUL
6001 BROKEN SOUND PARKWAY, SABRE CENTER II
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name
ELKIN, PAUL

Street Address (P.O. Box Number is Not Acceptable)
1001 E TELECOM DRIVE

City
BOCA RATON

FL

Zip Code
33431

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/06

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$100.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
MINNIEAR, EDWARD O JR.
6001 BROKEN SOUND PARKWAY, SABRE CENTER II
BOCA RATON, FL 33487

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
MINNIEAR, EDWARD O. JR.
1001 E TELECOM DRIVE
BOCA RATON FL 33431

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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REINSTATEMENT 05-06

☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

540-786-1400

3/24/06