

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

05 OCT -4 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10032005 REIN-LLC CR2E101 (6/04)

4. FEI Number 14_1907521 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SCHNARE, JAMES H II
11780 U.S. HIGHWAY #1, SUITE 300
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name Drennen L. Whitmire, Jr.
Street Address (P.O. Box Number is Not Acceptable)
249 Royal Palm Way, Suite 501
City Palm Beach FL Zip Code 33480

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

10/3/05

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE Member - ~~MANAGING~~ ☐ Delete
NAME Florence Dorina Doran
STREET ADDRESS 136 Thorton Drive
CITY-ST-ZIP Palm Beach Gardens, FL 33418

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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NAME **REINSTATEMENT 2005**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Bk
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Daytime Phone #

10/3/05