9-16-05
2.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
DIVISION OF CORPORATIONS
06 JUL -5 AM 8:42

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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07/12/06--01011--010 **200.00

CR2E041 (8/05)

DOCUMENT # L04000052909

1. Limited Liability Company's Name
LIZCOURT, LLC

2. Principal Office Address	3. Mailing Office Address
1501 S. FLAGER DR	1501 S. FLAGLER DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33401 Country: PALM BEACH	Zip: 33401 Country: PALM BEACH

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 7/16/2004

6. FEI Number: 03-0550333 ☐ 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: FRANK GREEN

Street Address (P.O. Box Number is Not Acceptable): 1501 S. FLAGLER DRIVE

Suite, Apt. #, Etc.:

City: WEST PALM BEACH State: FL Zip Code: 33401

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: 4/27/06
REGISTERED AGENT MUST SIGN

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	GREEN, FRANK	1501 S. FLAGLER DR.	WEST PALM BEACH, FL 33401
		REINSTATEMENT 05-06	

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: _____ Manager Date: 4/27/06 Daytime Phone # 561.301.5200

Typed or printed name of signing Managing Member/Manager: FRANK GREEN, MANAGER