

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 DEC 18 AM 7:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400113116994  
12/13/07--01047--010 \*\*200.00

CR2E041 (1/07)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000053453

1. Limited Liability Company's Name

4 Block, LLC

2. Principal Office Address - No P.O. Box #  
3720 South Dixie Highway, Suite B

3. Mailing Office Address  
3720 South Dixie Highway, Suite B

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip  
33405

Country  
USA

Zip  
33405

Country  
USA

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida 07/19/2004

6. FEI Number  
20-1508031

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  
Guy Rabideau

Street Address (P.O. Box Number is Not Acceptable)  
400 Royal Palm Way, Suite 204

Suite, Apt. #, Etc.

City  
Palm Beach

State  
FL

Zip Code  
33480

☒ 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

Date 12/07/07

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
MRG	David G. Garcia	222 Lakeview Ave. P PH 5	West Palm Beach, FL 33401

REINSTATEMENT

2006-2007

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 12/11/07

Daytime Phone # 561-6558962

Typed or printed name of signing Managing Member/Manager David G. Garcia