

L04000078966

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT -4 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05

BTC

DOCUMENT # L04000078966

1. Limited Liability Company's Name:

OPTIMUM ENTERPRISES LC

2. Principal Office Address

11380 Prosperity Farms Road #221E

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33410

County

Palm Beach

3. Mailing Office Address

11380 Prosperity Farms Road #221E

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33410

County

Palm Beach

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/29/2004

6. FEI Number

Applied For

X

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

Corporate Creations Network Inc.

Street Address (P.O. Box Number is NOT Acceptable)

11380 Prosperity Farms Road #221E

Suite, Apt. #, etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

Angela E. Howard

Angela E. Howard
Assistant VP
Corporate Creations

Date **9/27/06**

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

None

00000000000000000000
10/10/06--01000--021 **5.00

MANAGER

PAUL R. HAYES

11380 PROSPERITY FARMS RD

PALM BEACH GARDENS

FL 33410

REINSTATEMENT 2005-2006

00000000000000000000
10/10/06--01000--022 **100.00

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

Angela E. Howard

Date **9/25/2006**

Daytime Phone # **905-672-0686**

Type or print name of signing Managing Member/Manager

Angela E. Howard
by A.B. Howard as attorney-in-fact

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Florida Department of State
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: OPTIMUM ENTERPRISES LC

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2005, 2006

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: A. Howard
by A.E. Howard as attorney-in-fact

Name: Taide Baez
Title: Authorized Person

Date: 9/27/06

BK