

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 30 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000079071

1. Limited Liability Company's Name

ES Highland Investments LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

3215 So Ocean Blvd 3215 So Ocean Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 411

Apt. 411

City & State

City & State

Highland Beach, FL.

Highland Beach, FL.

Zip

Country

Zip

Country

33487

USA

33487

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

Dec. 2004

6. FEI Number

04-3799549

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

Estelle Schwartz

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

3215 So Ocean Blvd

Suite, Apt. #, Etc.

Apt. 411

City

Highland Beach

State

FL

Zip Code

33487

☒ 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

Estelle Schwartz
REGISTERED AGENT MUST SIGN

Date Apr. 26, 2007

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
MEMBER	Estelle Schwartz	3215 So Ocean Blvd Apt. 411	Highland Beach Florida 33487
			300101273993 05/09/07--01008--009 **155.00
			REINSTATEMENT 05-07

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

Estelle Schwartz

Date 4/26/07

Daytime Phone # 561-2768550

Typed or printed name of signing Managing Member/Manager

Estelle Schwartz