

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JUL 29 AM 8:30

ALL ARASSEE, FLORIDA

DOCUMENT # L04000084171

1. Limited Liability Company's Name

Congress Park Office Condos, LLC

CR2E041 (1/14)

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

3690 Airport Rd

Suite, Apt. #, etc

6

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Office Address

PO Box 810996

Suite, Apt. #, etc

City & State

Boca Raton, FL

Zip

33481-0996

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

Nov. 12, 2004

6. FEI Number

73-1727174

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

Jeff Morris

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

3690 Airport Rd.

Suite, Apt. #, Etc.

6

City

Boca Raton

State

FL

Zip Code

33431

000261789390
07/29/14--01012--010 **25.00

000261789390
06/27/14--01001--013 **105.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Date **6/25/14**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of Authorized Representatives/ Managers | Street Address of Each Authorized Representative/ Manager | City / State / Zip |
|--------|--|---|---------------------------|
| MGMR | Jeff Morris | PO Box 810996 | Boca Raton, FL 33481-0996 |
| M | Yoram Galel | 1825 NW Corporate Blvd., Suite 110 | Boca Raton, FL 33431 |
| | | | |
| | | | |
| | | | |

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date **6/25/14**

Daytime Phone # **561-988-2502**

Typed or printed name of signing Authorized Representative/Manager **Jeff Morris**

KWASHTON