

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L05000001505**

1. Limited Liability Company's Name

~~Penthouse Properties LLC~~  
Penthouse Properties 101, LLC

2. Principal Office Address - No P.O. Box #  
5280 N. Ocean Dr

Suite, Apt. #, etc.  
PH D

City & State  
Singer Island, FL

Zip  
33404

Country  
USA

3. Mailing Office Address 401 LINTON BLVD

~~SAME #269~~  
DE/RAV Beach 33483

Suite, Apt. #, etc.

City & State

DE/RAV Beach 33483

Zip

~~SAME~~

Country

~~SAME~~ USA

4. State/Country of Formation

PALM BEACH - USA

5. Date Organized or Qualified  
To Do Business in Florida

1/05/2005

6. FEI Number

L05000001505

☐ 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  
Teri Jones

Street Address (P.O. Box Number is Not Acceptable)  
5280 N. Ocean Dr.

Suite, Apt. # Etc.  
PH D

City  
Singer Island

State  
FL

Zip Code  
33404

☐ 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

*Teri Jones*

REGISTERED AGENT MUST SIGN

Date 11-16-09

**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 *
MGAM	Teri Jones	5280 N. Ocean Dr. PH D	Singer Island, FL 33404

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

*Teri Jones*  
TERI JONES

Date

Daytime Phone # 305-367-2108

Typed or printed name of signing Managing Member/Manager