

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

09 FEB 10 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L05000006115**

1. Limited Liability Company's Name

**PALM BAY DEVELOPERS III, LLC**

CR2E041 (10/08)

<b>2. Principal Office Address - No P.O. Box #</b> 820 Morris Turnpike		<b>3. Mailing Office Address</b> 820 Morris Turnpike	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Short Hills, NJ		City & State Short Hills, NJ	
Zip 07078	Country Essex	Zip 07078	Country Essex

<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b>	
<b>6. FEI Number</b> 20-4135054	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

<b>8. Name and Address of Current Registered Agent</b>		
Name Mark Hoffman c/o Harvard Apartments		
Street Address (P.O. Box Number is Not Acceptable) 1501 Harvard Circle		
Suite, Apt. #, Etc.		
City Melbourne	State FL	Zip Code 32905

☐ 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

*Mark Hoffman*

Date January 20, 2009

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
MGRM	Leonard Wilf	820 Morris Turnpike	Short Hills, NJ 07078
MGRM	Zygmunt Wilf	820 Morris Turnpike	Short Hills, NJ 07078
MGRM	Mark Wilf	820 Morris Turnpike	Short Hills, NJ 07078

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**REINSTATEMENT**

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*2/11/09*

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

*Leonard Wilf*

Date Feb 5, 2009

Daytime Phone # 973 467-5000 X186

Typed or printed name of signing Managing Member/Manager

Leonard Wilf