L05000008195

FILED
08 MAR 28 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

000121515690

CR2E041 (12/07)

1. Limited Liability Company's Name

6001 COMMERCE PARK LLC

06

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
6001 Park of Commerce Blvd.		6001 Park of Commerce Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Boca Raton, Florida		Boca Raton, Florida	
Zip	Country	Zip	Country
33431	USA	33431	USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 1/26/2005

6. FEI Number: 05-0616110 ☐ 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: ROBERT S. SARAGA C/o SARAGA & LIPSHY, P.A.

Street Address (P.O. Box Number is Not Acceptable): 201 NE FIRST AVE.

Suite, Apt. #, Etc.:

City: DELRAY BEACH | State: FL | Zip Code: 33444

☐ 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 _____ Date 3-27-08

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	SCOTT WOOLLEY	6001 Park of Commerce Blvd.	Boca Raton, FL 33431

REINSTATEMENT 2006-2008

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 _____ Date 3-27-08 Daytime Phone # 561-279-7827 x301

Typed or printed name of signing Managing Member/Manager Scott Woolley

CSC. CORPORATION SERVICE COMPANY

L05000008195

ACCOUNT NO. : 072100000032

REFERENCE : 505689 134074A

AUTHORIZATION

COST LIMIT : $ 546.25

ORDER DATE : March 28, 2008

ORDER TIME : 8:20 AM

ORDER NO. : 505689-005

CUSTOMER NO: 134074A

RECEIVED
08 MAR 28 AM 10:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: 6001 COMMERCE PARK LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris - Ext# 2937

EXAMINER'S INITIALS _____

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