

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 OCT 30 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 050000 28366

1. Limited Liability Company's Name

Peninsula State Properties, LLC

800112029858  
11/06/07--01013--023 \*\*205.00

CR2E041 (1/07)

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

4249 N State Rd 7

Suite, Apt. #, etc.

3. Mailing Office Address

4249 N State Rd 7

Suite, Apt. #, etc.

City & State

Lauderdale Lakes FL

Zip

33169

Country

USA

City & State

Lauderdale Lakes FL

Zip

33169

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

3/22/2005

6. FEI Number

☒ 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 Lamaris Cooper / Around the Clock Consulting Inc.

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

Suite, Apt. #, Etc.

3511 W Commercial #402

City

Ft. Lauderdale

State

FL

Zip Code

33309

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/29/07

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
<u>mgrm</u>	<u>Gregoire, Garcon</u>	<u>4249 N State Rd 7</u>	<u>Lauderdale Lakes FL 33169</u>
<u>mgrm</u>	<u>Bilida, Joseph</u>	<u>4249 N State Rd 7</u>	<u>Lauderdale Lakes FL 33169</u>

REINSTATEMENT 06-07

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

[Signature]

Date 10/29/07

Daytime Phone # 954-535-7919

Typed or printed name of signing Managing Member/Manager