

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

OCT 20 AM 10:42

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000028402

1. Limited Liability Company's Name

PALM BEACH FINANCIAL CENTER LLC

2. Principal Office Address

14 Wall Street

Suite, Apt. #, etc.

20th Floor

City & State

New York, NY

Zip

10005

Country

USA

3. Mailing Office Address

14 Wall Street

Suite, Apt. #, etc.

20th Floor

City & State

New York, NY

Zip

10005

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

3/30/2005

6. FEI Number

20-3524329

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

JACOB HAGOP YAHIAIAN

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

319 CLEMATIS STREET

Suite, Apt. #, Etc.

SUITE 408

City

WEST PALM BEACH

State

FL

Zip Code

33401

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

REGISTERED AGENT MUST SIGN

Date 10/18/2006

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	Jacob Hagop Yahiaian	14 Wall Street, 20th Floor	New York, NY 10005

REINSTATEMENT 2006

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 10/18/2006 Daytime Phone # 212-618-1725

Typed or printed name of signing Managing Member/Manager Jacob Hagop Yahiaian