

FORMED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Limited Liability Company's Name

PALMS 19-B, LLC

800139404758
12/31/08--01071--004 **277.50
CR2E041 (10/08)

3. Mailing Office Address
2110 N. Ocean Blvd.

Unit 19B

Suite, Apt. #, etc.
Unit 19B

City & State
Ft. Lauderdale, Florida

City & State
Ft. Lauderdale, Florida

Zip
33305

Country
USA

Zip
33305

Country
USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified To Do Business in Florida 3/22/05

6. FEI Number

<input checked="" type="checkbox"/>	Applied For
<input type="checkbox"/>	Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

B. Name and Address of Current Registered Agent

Name
Michael S. Tobin, Esq.

Street Address (P.O. Box Number is Not Acceptable)
11900 Biscayne Blvd.

Suite, Apt. #, Etc.
Suite 740City
Miami

State
FL

Zip Code
33181

☒ 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 12/24/08

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	Ronald Weissberger	2110 N. Ocean Blvd., Unit 19B	Ft. Lauderdale, FL, 33305

REINSTATEMENT 07.08

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 Dec 29/08 Daytime Phone # 954-630-8835

Typed or printed name of signing Managing Member/Manager Ronald Weissberger