

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 DEC -5 P 4: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000045227

1. Entity Name
ALLIED GP, LLC



Principal Place of Business
3300 PGA BLVD.
SUITE 330
PALM BEACH GARDENS, FL 33410

Mailing Address
3300 PGA BLVD.
SUITE 330
PALM BEACH GARDENS, FL 33410

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11022007 REIN-LLC CR2E101 (1/07)

4. FFI Number
20-3458361

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANTON, ROGER C
4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407

Name Donald M. Allison
Street Address (P.O. Box Number is Not Acceptable)
1515 S. Federal Highway
Suite 306
City Boca Raton FL Zip Code 33432

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11.13.07

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME MASTROIANNI, NICHOLAS A II
STREET ADDRESS 3300 PGA BLVD., SUITE 330
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/14/07

Date Daytime Phone #

REINSTATEMENT 01



ALLIED CAPITAL & DEVELOPMENT

November 15, 2007

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Allied GP, LLC

Dear Sir/Madam:

Enclosed please find the following:

1. 2007 Limited Liability Company Reinstatement; and
2. Copy of front and backside of check no. 4343 in the amount of \$50.

Pursuant to my recent telephone conversation with your office, the 2007 Annual Report was returned due to missing information. However; we never received same, and the entity was administratively dissolved. As further discussed, payment for said 2007 Annual Report was received by the Division of Corporations and deposited in payment of the filing. Please file the Reinstatement and update your records to show the status of the LLC as "Active".

Should you have any questions, please contact the undersigned. Thank you for your assistance in this matter.

Sincerely,

Allied Capital & Development

Sandy Albanese, Executive Assistant to
Nicholas A. Mastroianni, Manager

/sa

Enclosures

alliedcorpdocs