

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 NOV 12 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 05000046879

1. Limited Liability Company's Name

PLATINUM PROPERTIES OF  
THE TREASURE COAST, LLC

CR2E041 (10/08)

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

577 SW 11<sup>th</sup> CT

Suite, Apt. #, etc.

City & State

PALM CITY, FL

Zip

34990

Country

USA

3. Mailing Office Address

PO BOX 1831

Suite, Apt. #, etc.

City & State

PALM CITY, FL

Zip

34991

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida

5/11/2005

6. FEI Number

20-2836053

☐ 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

KIMBERLY S MULLIGAN

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

577 SW 11<sup>th</sup> CT

Suite, Apt. #, Etc.

City

PALM CITY

State

FL

Zip Code

34990

☒ 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

*Kimberly S Mulligan*

REGISTERED AGENT MUST SIGN

Date 4 NOV 08

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
MEM	KIMBERLY S MULLIGAN	577 SW 11 <sup>th</sup> CT	PALM CITY, FL 34990
		CUS	000137669360 11/05/08--51027--011 **282.50 ✓
REINSTATEMENT		Without Penalty 2008	NA 11/12

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

*Kimberly S Mulligan*

Date 4 NOV 08

Daytime Phone # 772 341-6061

Typed or printed name of signing Managing Member/Manager

KIMBERLY S MULLIGAN