

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR -7 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000051975

1. Limited Liability Company's Name

2650 N.W.64th Avenue, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
1730 So. Federal Hwy.

Suite, Apt. #, etc.
Ste 377

City & State
Delray Beach, Florida

Zip
33483

Country
USA

3. Mailing Office Address
1730 So. Federal Hwy.

Suite, Apt. #, etc.
Ste 377

City & State
Delray Beach, Florida

Zip
33483

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **05/19/2005**

6. FEI Number
42-1672626

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
Steven L. Daniels

Street Address (P.O. Box Number is Not Acceptable)
2424 North Federal Hwy.

Suite, Apt. #, Etc.
Ste. 462

City
Boca Raton

State
FL

Zip Code
33431

☐ 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

REGISTERED AGENT MUST SIGN **Steven L. Daniels**

Date **3/1/07**

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
MGRM	Scott Efron	6075 Via Crystalle	Delray Beach, Florida 33484
MGRM	Anders Moeller	450 E. Boca Raton Road	Boca Raton, Florida 33432

300092352813

03/13/07--01021--007 **205.00

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

Date **03-02-07**

Daytime Phone # **954-325-6145**

Typed or printed name of signing Managing Member/Manager **Scott Efron**