

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR - 2 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LO5000072800**

1. Limited Liability Company's Name

1750-US1, LLC

500174181255
04/01/10--01046--004 **793.75
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 1750 N. Federal Hwy		3. Mailing Office Address 1215 E. Hillsboro Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pompano Beach, FL		City & State Deerfield Beach, FL	
Zip 33062	Country	Zip 33441	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 7/25/2005	
6. FEI Number 20-3203597	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
William B. Campbell III

Street Address (P.O. Box Number is Not Acceptable)
1215 E. Hillsboro Blvd.

Suite, Apt. #, Etc.

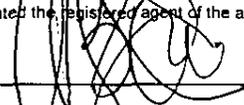
City
Deerfield Beach

State
FL

Zip Code
33441

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 **3/26/10**

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	William B. Campbell III	1215 E. Hillsboro Blvd.	Deerfield Beach, FL 33441

JB

REINSTATEMENT 2006-10

11. E-mail Address **billcampbelliii@aol.com**
(To be used for future annual report notifications)

12. 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 **3/26/10** Daytime Phone # **954-427-8770**

Typed or printed name of signing Managing Member/Manager **WILLIAM B CAMPBELL III**