

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 # L05000082147

1. Limited Liability Company's Name

5821-5831 NW 17th Place, LLC

CR2E041 (1/07)

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

3. Mailing Office Address  
1730 So. Federal Hwy.

Suite, Apt. #, etc.  
Ste 377

Suite, Apt. #, etc.  
Ste 377

City & State  
Delray Beach, Florida

City & State  
Delray Beach, Florida

Zip  
33483

Country  
USA

Zip  
33483

Country  
USA

State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida 08/18/2005

6. FEI Number  
20-5609445

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

800092352948  
03/12/07--01021--008 \*\*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 # 984-325-6145

Typed or printed name of signing Managing Member/Manager

Scott Efron