

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 AUG 11 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000092815

1. Limited Liability Company's Name

2799-203 Hamilton LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 2799 NW Boca Raton Blvd Suite, Apt. #, etc. Suite 203 City & State Boca Raton, FL Zip 33431		Country USA		3. Mailing Office Address 2799 NW Boca Raton Blvd Suite, Apt. #, etc. Suite 203 City & State Boca Raton, FL Zip 33431		Country USA	
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4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 09/14/2005	
6. FEI Number 20-3460059	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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 Steven A. Sciarretta, Esquire			
Street Address (P.O. Box Number is Not Acceptable) 2799 NW Boca Raton Blvd			
Suite, Apt. #, Etc. Suite 203			
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 _____ Date 08/05/09

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
MGR	Steven A. Sciarretta	2799 NW Boca Raton Blvd #203	Boca Raton, FL 33431

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REINSTATEMENT 06-09

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 08-05-2009 Daytime Phone # 561-368-7976

Typed or printed name of signing Managing Member/Manager _____