

FILED
MAR 10 PM 1:41
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

The seal of the State of Louisiana is circular. It features a central figure of a Native American man standing on a small island, holding a bow and arrow. The text "GREAT SEAL OF THE STATE OF LOUISIANA" is inscribed around the top, and "IN GOD WE TRUST" is at the bottom.

DOCUMENT # L05000104276

1. Limited Liability Company's Name

BOCA FULBI MANAGEMENT, LLC

CR2E041 (12/07)

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

2799 NW 2nd Ave

Suite, Apt. #, etc.

203

City & State

City & State
Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Office Address

Send

Suite, Apt. #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name Steven A. Sciarretta, Esq.

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

2799 NW Dave

Suite Apt. #, Etc.

505

City

ty Boca Raton

State

FL

Zip Code

FL 3343

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 2/5/08

REGISTERED AGENT MUST SIGN

☒ 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.

10. Names and Street Addresses of Managing Members/Managers

[illegible]

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: 2/5/00

Daytime Phone #

Typed or printed name of signing Managing Member/Manager