

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FIELD
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 20 AM 7:44

DOCUMENT # 205000107299

1. Limited Liability Company's Name

4841 Palm Beach Blvd, LLC

REINSTATEMENT 2007-10 284

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 6261 NW 6 th WAY Suite, Apt. #, etc. SUITE 206 City & State FORT LAUDERDALE, FL		3. Mailing Office Address 6261 NW 6 th WAY Suite, Apt. #, etc. SUITE 206 City & State FORT LAUDERDALE, FL	
Zip 33309	Country USA	Zip 33309	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 11/4/2005	
6. FEI Number 83-0441056	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 MEKANIE DAMIAN		
Street Address (P.O. Box Number is Not Acceptable) 1000 BRICKER AVENUE		
Suite, Apt. #, Etc. SUITE 1020		
City MIAMI	State FL	Zip Code 33131

☒ 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

[Signature]

Date 5.1.10

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
MGR	ROBERT FEINSTEIN	6261 NW 6 th WAY, STE 206	FORT LAUDERDALE, FL 33309
MGR	ERIC FEINSTEIN	6261 NW 6 th WAY, STE 206	FORT LAUDERDALE, FL 33309
MGR	CHRIS DAMIAN	450 GERONA AVENUE	CORAL GABLES, FL 33146

04/24/09-01039-006-#238.75

06/02/09-01037-004-#277.50

11. E-mail Address: breynolds@balancestaff.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

[Signature]

Date 7/28/10

Daytime Phone # 954 772 4888

Typed or printed name of signing Managing Member/Manager