

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JAN -8 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000108373

1. Limited Liability Company's Name

VICO PROPERTIES LLC

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

636 US Highway One

Suite, Apt. #, etc.

Suite 118

City & State

North Palm Beach

Zip

FL 33408

Country

3. Mailing Office Address

636 US Highway One

Suite, Apt. #, etc.

Suite 118

City & State

North Palm Beach

Zip

FL 33408

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/8/2005

6. FEI Number

20-3761880

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

Stephen Murphy

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

636 US Highway One

Suite, Apt. #, Etc.

Suite 118

City

North Palm Beach

State

FL

Zip Code

33408

☒ 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

Stephen Murphy

Date

1/3/2008

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	Smith, Ray	636 US Highway One Suite 118	North Palm Beach FL 33408
MGR	Murphy, Stephen	636 US Highway One Suite 118	North Palm Beach FL 33408

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REINSTATEMENT 06-08

PA 1/8 CWO

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

Stephen Murphy

Date

1/3/2008

Daytime Phone #

561-393722