

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL 15 AM 10:18

DOCUMENT # L06000001381

1. Limited Liability Company's Name

PARK SANDS, LLC

900183193449
07/12/10--01060--005 **\$60.00

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #
12604 MAJESTIC ISES DR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

Zip

33437

Country

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01-03-06

6. FEI Number

43-2094746

☐ 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

ANDREW POLLACK

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

3671 NW 104 AVENUE

Suite, Apt. #, Etc.

CORAL SPRINGS, FLORIDA

City

CORAL SPRINGS

State

FL

Zip Code

33065

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

Date

7/7/10

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	ANDREW POLLACK	3671 NW 104 AVENUE	CORAL SPRINGS, FL 33065

REINSTATEMENT

2607-2010

11. E-mail Address: **kingscrap@aol.com**

(To be used for future annual report notifications)

12. I certify that I am managing member/manager of 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

7/7/10

Daytime Phone # **954-588-9522**

Typed or printed name of signing Managing Member/Manager

FRANCIS X. CASTORO, P.A.

5300 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FLORIDA 33308
Telephone: 954-922-0505
fcastoro@gmail.com

Florida Bar
New York Bar

July 7, 2010

Attn: Reinstatement Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: REINSTATEMENT OF LIMITED LIABILITY COMPANY

COMPANY: PARK SANDS, LLC
DOCUMENT # L06000001381

Dear Mr. Secretary:

Enclosed please find check in the amount of \$660 for filing fees for the above-referenced Limited Liability Company to-be-reinstated as follows:

REINSTATMENT FEE: \$655.00
CERTIFICATE: \$ 5.00

After filing, please forward the certified copy of the certificate of Incorporation to:

FRANCIS X. CASTORO, ESQ
5300 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FLORIDA 33308

If you have any comments or questions, please do not hesitate to contact my office.

Sincerely,


Frank Castoro