

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 13 AM 8:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L06000031596

1. Limited Liability Company's Name

CEMENT POND HOLDINGS, LLC

CR2E041 (10/08)

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

695 South County Road

Suite, Apt. #, etc.

City & State

Palm Beach, Florida

Zip
33480

Country
USA

3. Mailing Office Address

695 South County Road

Suite, Apt. #, etc.

City & State

Palm Beach, Florida

Zip
33480

Country
USA

4. State/Country of Formation
Florida

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

☒ 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
Joel P. Koeppel

Street Address (P.O. Box Number is Not Acceptable)
400 South Australian Avenue

Suite, Apt. #, Etc.
Suite 300

City
West Palm Beach

State
FL

Zip Code
33401

☒ 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

REGISTERED AGENT MUST SIGN

Date 12/29/08

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
MGM	Lorne Abony	695 South County Road	Palm Beach, Florida 33480
	L. SELLERS	600139414676	01/05/09--01012--015 **377.50
	JAN 14 2009		
	EXAMINEE	REINSTATEMENT	07-08

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 12/29/08

Daytime Phone # 561-659-6455

Typed or printed name of signing Managing Member/Manager