

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000036652

1. Limited Liability Company's Name

Serenity Bay of the Florida Keys, LLC

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

1655 SW 2nd Ave.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

Country

USA

3. Mailing Office Address

1655 SW 2nd Ave.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

April 7, 2006

6. FEI Number

20-4659163

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

Joseph A. Porrello, Esq.

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

2200 S. Dixie Highway

Suite, Apt. #, Etc.

Suite 702-A

City

Miami

State

FL

Zip Code

33133

☒ 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 4-27-09

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
MGRM	Mark A. Kielar	1655 SW 2nd Ave.	Boca Raton, FL 33432

REINSTATEMENT

07-09

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 04-29-09

Daytime Phone# 561-702 4455

Typed or printed name of signing Managing Member/Manager Mark A. Kielar

FILED

09 MAY 12 AM 11:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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