

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

13 DEC 26 PM 6:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LO6000092218

1. Limited Liability Company's Name

Parkview House LLC

**REINSTATEMENT**

CR2E041 (1/11)

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

1730 S. Fed. Hwy

Suite, Apt. #, etc.

337

City & State

Delray Beach, FL

Zip

33483

Country

3. Mailing Office Address

1730 S. Fed. Hwy

Suite, Apt. #, etc.

337

City & State

Delray Beach, FL

Zip

33483

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

9/18/2006

6. FEI Number

205609228

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

Robert L. Shearin, Esq.

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

1499 W Palmetto Park Rd

Suite, Apt. #, Etc.

212

City

Boca Raton

State

FL

Zip Code

33486

E-mail Address:

900255021899  
12/26/13--01028--018 \*\*125.00

rs@shearinKahn.com

(To be used for future annual report notices)

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

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
<u>MEM</u>	<u>Scott Ebron</u>	<u>17569 Middlebrook Way</u>	<u>Boca Raton, FL 33496</u>

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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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing Member/Manager

[Signature]

Date

12-20-13

Daytime Phone #

954-677-9292

Typed or printed name of signing Managing Member/Manager

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