


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

2016 MAY 23 PM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000100066

1. Limited Liability Company's Name  
Palm Residences Development, LLC

2. Principal Office Address - No P.O. Box # 3947 Boulevard Center Dr. Suite, Apt. #, etc. Suite 5 City & State Jacksonville, Florida Zip 32207		Country USA		3. Mailing Office Address 1301 Riverplace Blvd. Suite, Apt. #, etc. Suite 1500 City & State Jacksonville, Florida Zip 32207		Country USA	
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CR2E041 (1/14)

4. State/Country of Formation USA	
5. Date Organized or Qualified To Do Business in Florida October 12, 2006	
6. FEI Number 20-5713264	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name  
J. Kirby Chritton

Street Address (P.O. Box Number is Not Acceptable) Suite,  
Rogers Towers, P.A., 1301 Riverplace Blvd.

Apt. #, Etc.  
Suite 1500

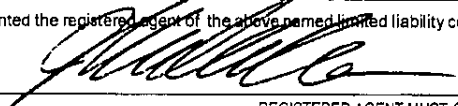
City  
Jacksonville

State  
FL

Zip Code  
32207

500286116015  
05/23/16--01013--017 \*\*377.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN

Date 5/9/16

10. Names and Street Addresses of Authorized Representatives/Managers

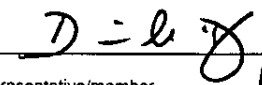
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AR	Desirée M. Dubón	3947 Boulevard Center Dr., Suite 5	Jacksonville, Florida 32207

*DD 5/16*

11. E-mail Address: ddubon@dgroupmanagement.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member  Date 5/9/16 Daytime Phone # 904.376.7092

Typed or printed name of signing authorized representative/member DESIREE M. DUBON