

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LS 6000104523**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 NOV 15 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **LS 6000104523**

1. Limited Liability Company's Name

**Palms Realty II, LLC**

*YR*

600112347586

CR2E041 (1/07)

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

**10175 Fortune Pkwy**

Suite, Apt. #, etc.

**Suite #1006F**

City & State

**Jacksonville, FL**

Zip

**32256**

Country

**US**

3. Mailing Office Address

Suite, Apt. #, etc.

**SAME**

City & State

Zip

Country

4. State/Country of Formation

**FL/US**

5. Date Organized or Qualified To Do Business in Florida

**10-26-06**

6. FEI Number

**20-5783116**

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

**Kenneth Boatright**

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

**10175 Fortune Parkway**

Suite, Apt. #, Etc.

**1006F**

City

**Jacksonville**

State

**FL**

Zip Code

**32256**

☐ 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

*Kenneth Boatright*

REGISTERED AGENT MUST SIGN

Date **11-15-07**

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
<i>Mgr</i>	<b>Beverly D Boatright</b>	<b>10175 Fortune Parkway, Suite 1006F</b>	<b>Jacksonville, FL 32256</b>

**REINSTATEMENT**

**2007**

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

*Beverly D. Boatright*

Date **11-15-07**

Daytime Phone #

**904-887-7297**

Typed or printed name of signing Managing Member/Manager

**Beverly D. Boatright**



CORPORATION SERVICE COMPANY

# LU6000 104523

ACCOUNT NO. : 072100000032

REFERENCE : 316771 7255924

AUTHORIZATION :

COST LIMIT : \$100.00

ORDER DATE : November 13, 2007

ORDER TIME : 2:21 PM

ORDER NO. : 316771-010

CUSTOMER NO: 7255924

DOMESTIC FILINGS

NAME: PALMS REALTY II, LLC

RECEIVED  
07 NOV 15 PM 2:40  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake/jkg ext 2959

EXAMINER'S INITIALS \_\_\_\_\_

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TALLAHASSEE, FLORIDA