

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN 30 AM 11:34

DOCUMENT # L06000116101

1. Limited Liability Company's Name

Prestige Corporate Headquarters - The Resort, LLC

600157480766
06/19/09--01021--017 **516.25
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
11903 Southern Blvd

Suite, Apt. #, etc.
Suite 114

City & State
Royal Palm Beach, FL

Zip Country
33411 USA

3. Mailing Office Address
11903 Southern Blvd

Suite, Apt. #, etc.
Suite 114

City & State
Royal Palm Beach, FL

Zip Country
33411 USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 12/05/2006

6. FEI Number
545040817

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
Brian Mahoney

Street Address (P.O. Box Number is Not Acceptable)
11903 Southern Blvd

Suite, Apt. #, Etc.
Suite 114

City
Royal Palm Beach

State Zip Code
FL 33411

☒ 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 06/15/2009

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	Brian Mahoney	11903 Southern Blvd, Ste 114	Royal Palm Beach, FL 33411
SEC	Patti-Lee D'Ausilio	11903 Southern Blvd, Ste 114	Royal Palm Beach, FL 33411

REINSTATEMENT 2007-2009

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 06/15/2009

Daytime Phone # 561-784-2070

Typed or printed name of signing Managing Member/Manager Brian Mahoney