

L07000036085

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
10 NOV 22 AM 11:11

DOCUMENT # L07000036085

1. Limited Liability Company's Name

First Investors of the Palm Beaches, LLC

500188005785
11/22/10--01002--005 **521.25

CR2E041 (05/10)

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

7000 Island Blvd.

Suite, Apt. #, etc.

Apt. 3007

City & State

Aventura, Florida

Zip

33160

Country

USA

3. Mailing Office Address

7000 Island Blvd.

Suite, Apt. #, etc.

Apt. 3007

City & State

Aventura, Florida

Zip

33160

Country

USA

4. State/Country of Formation

Florida / U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

04/05/2007

6. FEI Number

☐ 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

Guy Spiegelman

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

19 West Flagler Street

Suite, Apt. #, Etc.

Suite 912

City

Miami

State

FL

Zip Code

33130

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

11/18/10

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	Jordan McCarty	7000 Island Blvd, #3007	Aventura, FL. 33160

REINSTATEMENT 2008-2010

11. E-mail Address: jordanmccarty3000@yahoo.com

(To be used for future annual report notifications)

12. 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

[Signature]

Date

11-18-10

Daytime Phone #

786-923-0275

Typed or printed name of signing Managing Member/Manager

Jordan McCarty