

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L11000043012

1. Limited Liability Company's Name

PALM BEACH PARTNERS ACQUISITIONS, LLC

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

400 ROYAL PALM WAY

Suite, Apt. #, etc

SUITE 404

City & State

PALM BEACH, FL

Zip

33480

Country

USA

3. Mailing Office Address

400 ROYAL PALM WAY

Suite, Apt. #, etc

SUITE 404

City & State

PALM BEACH, FL

Zip

33480

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

04/11/2011

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 RABIDEAU

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

400 ROYAL PALM WAY

Apt. #, Etc

SUITE 404

City

PALM BEACH

State

FL

Zip Code

33480

700272267897  
05/15/15--01001--019 \*\*138.75

700272267897  
04/27/15--01041--004 \*\*238.75

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

4/23/2015

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
MGR	TERENCE W RASER	400 ROYAL PALM WAY, #404	PALM BEACH, FL 33480

MAY 15 2015

R. HUNT

**REINSTATEMENT**

11. E-mail Address

(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 4-21-15

Daytime Phone # 312-456-7292

Typed or printed name of signing authorized representative/member

TERENCE W. RASER