

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L13000152812

1. Limited Liability Company's Name
PALAU 409 LLC

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

130 Sunrise Ave

Suite, Apt. #, etc.

APT 615

City & State

Palm Beach, FL

Zip

Country

33480

USA

3. Mailing Office Address

130 Sunrise Avenue

Suite, Apt. #, etc.

APT. 615

City & State

Palm Beach, FL

Zip

Country

33480

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

10-30-2013

6. FEI Number

23-6354945

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

REINSTATEMENT

2014

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

Signature of

Registered Agent

[Signature]

JOHN W. WILLIAMS

President

Date 10.17.14

REGISTERED AGENT MUST SIGN

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	Barbara Rothschild	130 Sunrise Ave, Apt. 615	Palm Beach, FL 33480
AR	Richard Rothschild	130 Sunrise Ave, Apt 615	Palm Beach, FL 33480
AR	Robert Michaelson	501 EAST 72 ND STREET Apt 110	New York, NY 10075

OCT 17 2014

M. WILLIAMS

11. E-mail Address: barbara.rothschild1@gmail.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

[Signature]

Date

10/13/2014

Daytime Phone # 212-452-7828

Typed or printed name of signing Authorized Representative/Manager

Robert Michaelson

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Office Use Only



RECEIVED
14 OCT 17 PM 3:59
MINISTRY OF DEFENSE CANADA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 333610 7962882

AUTHORIZATION :

COST LIMIT : \$ 138.75

[Handwritten signature]

ORDER DATE : October 10, 2014

ORDER TIME : 3:14 PM

ORDER NO. : 333610-010

CUSTOMER NO: 7962882

DOMESTIC FILINGS

NAME: PALAU 409 LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____

OCT 17 2014
M. WILLIAMS