


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L14000044234**

1. Limited Liability Company's Name

**PRESERVE GROVE ISLE, LLC**

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

**3 GROVE ISLE DR.**

Suite, Apt. #, etc.

**APT 1705**

City & State

**MIAMI FL**

Zip

**33133**

Country

**USA**

3. Mailing Office Address

Suite, Apt. #, etc.

**← SAME**

City & State

Zip

Country

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified To Do Business in Florida

**05-24-2014**

6. FEI Number

**46-5172818**

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

**ALAN GOLDFARB**

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

**3 GROVE ISLE DR.**

Apt. # Etc.

**APT 1705**

City

**MIAMI**

State

**FL**

Zip Code

**33133**

**600291338116**

**11/04/16--01017--024 \*\*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

*Alan Goldfarb*

Date

**10-28-16**

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
MR	ALAN GOLDFARB	3 GROVE ISLE DR. APT 1705	MIAMI FL 33133
MR	CHARLES KAPLANEK	3 GROVE ISLE DR. APT 1409	MIAMI FL 33133
MR	JEROME SHAW	3 GROVE ISLE DR APT PH1	MIAMI FL 33133
	REINSTATEMENT		S. HAWKES
	2016-		NOV - 7 A.M.

11. E-mail Address:

**AGOLDFARB@GOLDFARBPA.COM**

(To be used for future annual report notifications)

**EXAMINER**

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

*Alan Goldfarb*

Date

**10-28-16**

Daytime Phone #

Typed or printed name of signing authorized representative/member