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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 DEC 18 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200307192882
12/18/17--01019--007 **125.00

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12/18/17-01019-007 #100

CR2E061 (11/10)

DOCUMENT # L14000151661

1. Corporation Name
418 Northwood Road LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
418 Northwood Road	50 Rt 9 North
Suite, Apt. #, etc.	Suite, Apt. # etc. 301
City & State: West Palm Beach, FL	City & State: Morganville, NJ
Zip: 33407 Country: Palm Beach	Zip: 07751 Country: Monmouth

4. Date Incorporated or Qualified To Do Business in Florida: 9/29/04

5. FEI Number: 47-1952502 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Peter Vitellio

Street Address (P.O. Box Number is Not Acceptable): 418 Northwood Road

Suite, Apt. #, Etc:

City: West Palm Beach State: FL Zip Code: 33407

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Peter Vitellio Date: 12/21/17

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Peter Vitellio	305 Grayview Dr.	Morganville NJ 07751
V	Jeffrey Thompson	304 29th Street	West Palm Beach, FL 33407
V	Robert Frank	4024 Frances Drive	Delray Beach, FL 33445
		DEC 18 2017	
	REINSTATEMENT	R. HUNT	

10. E-mail Address: Gindeginomailamacicpa.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify 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: Peter Vitellio - Peter Vitellio 12/21/17

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #