1 of 2 page

RECEIVED
(((H16000264433 3)))
2016 OCT 26 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000210702

1. Limited Liability Company's Name

PLANTATION PROFESSIONAL PLAZA LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10167 W. Sunrise Blvd., Suite 200	10167 W. Sunrise Blvd., Suite 200
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation, FL	City & State: Plantation, FL
Zip: 33322 / Country: USA	Zip: 33322 / Country: USA

CR2E041 (1/14)

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/22/2015

6. FEI Number: ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: PBYA Corporate Services, LLC

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 200 South Andrews Avenue, Suite 600

City: Fort Lauderdale / State: FL / Zip Code: 33301

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: Perlman, Bajandas, Yevoli & Albright PL. MGRM by Jason Perlman, Mgr. Date: 10/25/16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Atal Bansal	10167 W. Sunrise Blvd., Suite 200	Plantation, FL 33322

11. E-mail Address: Kimberly@pbyalaw.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 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: 10/24/2016 Daytime Phone #: 954-342-5676

Typed or printed name of signing authorized representative/member: Atal Bansal

(((H16000264433 3)))

10/26/16

2 of 2 pages

10/26/2016 Division of Corporations

RECEIVED
2016 OCT 26 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000264433 3)))

H16000264433ABC$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.
Account Number : I20040000167
Phone : (305)377-0809
Fax Number : (305)377-0781

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
PLANTATION PROFESSIONAL PLAZA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Chage	$238.75

Electronic Filing Menu Corporate Filing Menu Help