

PLEASE READ ALL INSTRUCTIONS BEFORE FILING

L9300000057

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 27 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/09/02--01065--013
****200.00 ****200.00

DOCUMENT # L93000000057

1. Limited Liability Company's Name
DOWNTOWN WEST PALM BEACH LIMITED COMPANY

9/28/01

2. Principal Office Address 7965 Lantana Road		3. Mailing Office Address P. O. Box 541779	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Worth, FL		City & State Lake Worth, FL	
Zip 33467	Country US	Zip 33454	Country US

4. State/Country of Formation FL Palm Beach	
5. Date Organized or Qualified To Do Business in Florida 2/10/1993	
6. FEI Number 65-0400814	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Peter L. Mecca

Street Address (P.O. Box Number is Not Acceptable)
7965 Lantana Road

Suite, Apt. #, Etc.

City
Lake Worth

State
FL

Zip Code
33454

REINSTATEMENT 2001-2002

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Peter L Mecca*
REGISTERED AGENT MUST SIGN

Date 8/22/02 **BK**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
M	Mecca, Peter L.	7965 Lantana Road	Lake Worth, FL 33467
M	Mecca, Louis W	7965 Lantana Road	Lake Worth, FL 33467
M	Mecca, Leonard P	7965 Lantana Road	Lake Worth, FL 33467
M	Carriero, Victor	10549 Main Street	North Collins, NY 14111
M	Mecca, Thomas	7965 Lantana Road	Lake Worth, FL 33467
M	Gary Smigiel	7965 Lantana Road	Lake Worth, FL 33467

11. I certify that I am managing member/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 608.406, 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.

Signature of Managing Member/Manager *Leonard Mecca* Date 8/22/02 Daytime Phone # 561-968-3605

Typed or printed name of signing Managing Member/Manager Leonard mecca

CR2E041 (9/01)