

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L97000000555

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 22 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L97000000555**

1. Limited Liability Company's Name

Manhattan Capital Partners, L.C.

2. Principal Office Address

301 Clematis Street

Suite, Apt. #, etc.

3000

City & State

West Palm Beach, FL

Zip
33401

Country
U.S.A.

3. Mailing Office Address

301 Clematis Street

Suite, Apt. #, etc.

3000

City & State

West Palm Beach, FL

Zip
33401

Country
U.S.A.

4. State/Country of Formation

Florida, U.S.A.

**5. Date Organized or Qualified
To Do Business in Florida**

May 20, 1997

6. FEI Number

65-1006470

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

M. Krista Barth, Esquire

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

200 Village Square Crossing, #102

Suite, Apt. #, Etc.

Suite #102

City

Palm Beach Gardens

State
FL

Zip Code
33410

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

M. Krista Barth
REGISTERED AGENT MUST SIGN

Date

1-11-02

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
MGRM	Joseph Distasio	2511 Embassy Drive	West Palm Beach, FL 33401
MGRM	Mary Distasio	2511 Embassy Drive	West Palm Beach, FL 33401
MGR	David Lipsick	4833 Okeechobee Blvd.	West Palm Beach, FL 33417

REINSTATEMENT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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

Joseph Distasio

Date

Jan 17, 02

Daytime Phone #

561-596-5666

Typed or printed name of signing Managing Member/Manager

Joseph Distasio