

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
05 OCT -3 AM 8:55
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L97000000555

1. Limited Liability Company's Name

Manhattan Capital Partners, L.C.

2. Principal Office Address

4833 Okeechobee Blvd.

3. Mailing Office Address

4833 Okeechobee Blvd.

Suite, Apt. #, etc.

Suite 107

Suite, Apt. #, etc.

Suite 107

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33417

Country

USA

Zip

33417

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

05/20/1997

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

Joseph DiStasio

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

200 Village Square Crossing

Suite, Apt. #, Etc.

Suite 102

City

West Palm Beach

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

REGISTERED AGENT MUST SIGN

Date

8/25/05

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
Mgr Mb	Joseph DiStasio	4833 Okeechobee Blvd. Suite 107	West Palm Beach, FL 33417
Mb	Mark DiStasio	4833 Okeechobee Blvd. Suite 107	West Palm Beach, FL 33417
Mb	David Lipsick	4833 Okeechobee Blvd. Suite 107	West Palm Beach, FL 33417
REINSTATEMENT 2002-2005 600060195376 BK			

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

Date

8/25/05

Daytime Phone #

561.222.6666

Typed or printed name of signing Managing Member/Manager

Joseph DiStasio



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 631312 7137273

AUTHORIZATION

COST LIMIT : \$ 305.00

Patricia Pigato

FILED
05 OCT -3 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 3, 2005

ORDER TIME : 3:24 PM

ORDER NO. : 631312-005

CUSTOMER NO: 7137273

DOMESTIC FILINGS

BK

RECEIVED
05 OCT -3 PM 4:45
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: MANHATTAN CAPITAL PARTNERS,
L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - Ext# 2933

EXAMINER'S INITIALS _____