

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY
REINSTATEMENT
L98000000607
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

02 JAN 10 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L98000000607

1. Limited Liability Company's Name

Bartram & Brakenhoff of Florida, LC

2. Principal Office Address

1200 Brickell Ave.

Suite, Apt. #, etc.

Suite 1900

City & State

Miami, FL

Zip

33131

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Country

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

May 14, 1998

6. FEI Number

65-0834878

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

Angell Corporate Services, Inc.

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

250 Royal Palm Way

Suite, Apt. #, Etc.

City

Palm Beach

State

FL

Zip Code

33480

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

1/4/02

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

Lacz, David C.

1200 Brickell Ave, Suite 1900 Miami, FL 33131

REINSTATEMENT

2001

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

David C. Lacz

Date

11/1/01

Daytime Phone # (954) 779-7377

Typed or printed name of signing Managing Member/Manager

David C. Lacz

MGRM

CR2ED41 (9/01)