

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 11 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000003067

1. Limited Liability Company's Name

DADE-ABERDEEN, L.L.C.

700007808447--5
-09/17/02--01064--028
****200.00 ****200.00

2. Principal Office Address

222 Lakeview Avenue

Suite, Apt. #, etc.

Suite- 260

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

9/11 2001-2002

4. State/Country of Formation

Florida, USA

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

12/8/1998

6. FEI Number

541938683

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

Joel P. Koepfel

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

222 Lakeview Avenue

Suite, Apt. #, Etc.

Suite 260

City

West Palm Beach

State

FL

Zip Code

33401

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

9/9/02

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
MGR	Harris R. Sloane	222 Lakeview Avenue, #260	West Palm Beach, FL 33401

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

[Signature]
Harris R. Sloane

Date

9/26/02

Daytime Phone #

767/287-2870

Typed or printed name of signing Managing Member/Manager

Harris R. Sloane

CR2E041 (9/99)