PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 2000-2002

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUL 26 PM 3:26

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DOCUMENT # L99000000157

1. Limited Liability Company's Name

2900 PLACIDO, L.C.

2. Principal Office Address	**3.** Mailing Office Address
100 Lakeshore Drive	100 Lakeshore Drive
Suite, Apt. #, etc.: P-58	Suite, Apt. #, etc.: P-58
City & State: North Palm Beach, FL	City & State: North Palm Beach, FL
Zip: 33408 Country: USA	Zip: 33408 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 1/8/99

6. FEI Number: 366-42-4052 ☐ 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: TIMOTHY H. KENNEY

Street Address (P.O. Box Number is Not Acceptable): 120 Butler Street, Suite B

Suite, Apt. #, Etc.:

City: West Palm Beach State: FL Zip Code: 33407

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 _____ Date 7/29/2002

REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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	Anthony V. Battaglia	100 Lakeshore Drive, #P-58	North Palm Beach, FL 33408
		2000 -	
	REINSTATEMENT	2002	
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			****250.00 ****250.00

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 7-21-02 Daytime Phone # 248-693 33BC

Typed or printed name of signing Managing Member/Manager ANTHONY V. BATTAGLIA