

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



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DIVISION OF CORPORATIONS

04 JUN 17 PM 1:57

DOCUMENT # **L99000001863**

1. Limited Liability Company's Name

Northwood 105, LLC

**REINSTATEMENT 2002-2004**

2. Principal Office Address  
1601 Forum Place

3. Mailing Office Address  
Box 3755

Suite, Apt. #, etc.  
Suite 801

Suite, Apt. #, etc.

City & State  
West Palm Beach, FL

City & State  
West Palm Beach, FL

Zip  
33401

Country  
USA

Zip  
33402

Country  
USA

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida 04/02/99

6. FEI Number  
58-2635404

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  
Albert J. Gamot, Jr.

Street Address (P.O. Box Number is Not Acceptable)  
315 5th Street

Suite, Apt. #, Etc.

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

*Albert J. Gamot, Jr.*

REGISTERED AGENT MUST SIGN

Date 5-5-04

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	Michael S. Muraco	1601 Forum Place, Suite 801	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]*

Date 6-4-04

Daytime Phone # 561-762-1972

Typed or printed name of signing Managing Member/Manager

**REINSTATEMENT 2002 - 2004**

CR2041 (10/02)