

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

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

APPROVED
AND
FILED
02 MAY 29 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004729

1. Limited Liability Company's Name

St. Lucie Boulevard, L.C.

2. Principal Office Address

3. Mailing Office Address

1597 S.E. Port St. Lucie Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port St. Lucie, FL

Zip

Country

Zip

Country

34952

St. Lucie

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

8/2/99

6. FEI Number

22-3696406

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

Schaffer, Martin

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

1597 S.E. Port St. Lucie Blvd.

Suite, Apt. #, Etc.

City

Port St. Lucie, FL

State
FL

Zip Code
34952

9. I, being appointed the registered agent for the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Martin Schaffer

REGISTERED AGENT MUST SIGN

Date 5-8-02

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	Schaffer, Martin	1597 S.E. St. Lucie Blvd.	Port Lucie, FL 34952
MgrM	Morginstin, Eliezer	98 Northern Parkway West	Plainview, NY 11803

50.00 - CF
200.00 - Adm

JB

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

Martin Schaffer

Date 5-8-02

Daytime Phone

(561) 370 0658

Typed or printed name of signing Managing Member/Manager Martin Schaffer

CR2E041 (9/00)