Sep-13-01 08:57pm From-FIRST AMERICAN 15617991888 T-661 P.02/04 F-765

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PLEASE RE[illegible]L INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
01 SEP 14 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005808

1. Limited Liability Company's Name
Poulos Village L.L.C.

2. Principal Office Address	3. Mailing Office Address
269 Kelsey Park CIRCLE - SOME	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PBG	City & State: FLORIDA
Zip: Country: PALM BEACH	Zip: 33410 County:

4. State/Country of Formation: FLORIDA
5. Date Organized or Qualified To Do Business in Florida: 9/16/99
6. FEI #: 65-094-8858 Applied For / Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Anne Poulos
Street Address (P.O. Box Number is Not Acceptable): 269 Kelsey PARK CIRCLE
Suite, Apt. #, Etc.:
City: PALM BEACH GARDENS
State: FL Zip Code: 33410

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: Anne Poulos Date: 9/12/01
REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	Anne Poulos	269 Kelsey	

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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 608.408, 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: Anne Poulos - Manager Date: 9/12/01 Daytime Phone #: 561-625-4226

Typed or printed name of signing Managing Member/Manager: Anne Poulos