

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
00 DEC 12 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

nf

REINSTATEMENT 2000

DOCUMENT # L99000007867

1. Limited Liability Company's Name

Cynpath, L.L.C.

2. Principal Office Address

1109 Harbor Drive

Suite, Apt. #, etc.

3. Mailing Office Address

1109 Harbor Drive

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33483-7115

Country

U.S.A.

Zip

33483-7115

Country

U.S.A.

4. State/Country of Formation

Florida

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

11/17/99

6. FEI Number

65-0988179

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

Kenneth G. Spillias, Esq.

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

1700 Palm Beach Lakes Boulevard

Suite, Apt. #, Etc.

Suite 1000

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**

Kenneth G. Spillias
REGISTERED AGENT MUST SIGN

Date 11-16-00

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	Cynthia Gracey	1109 Harbor Drive	Delray Beach, FL 33483

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**

Cynthia Gracey
Cynthia Gracey

Date 12/7/00

Daytime Phone # 561-243-0000

Typed or printed name of signing Managing Member/Manager

Cynthia Gracey

CR2E041 (9/99)