

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

FILED

01 DEC 28 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L 9900000 8560**

1. Limited Liability Company's Name

**EAST BOCA PROPERTIES, L.C.**

2. Principal Office Address

**2900 NE 6th Drive  
BOCA RATON, FL 33431**

Suite, Apt. #, etc.

City & State

**BOCA RATON, FLA**

Zip

**33431**

Country

**FLA BEACH**

3. Mailing Office Address

**2900 NE 6th Drive  
BOCA RATON, FL 33431**

Suite, Apt. #, etc.

City & State

**BOCA RATON, FLA**

Zip

**33431**

Country

**FLA BEACH**

4. State/Country of Formation

**FLORIDA, USA**

5. Date Organized or Qualified  
To Do Business in Florida

**March, 00**

6. FEI Number

**NOT APPLICABLE**

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

**OSHEROW, MARK R ESQ**

**000004762260-0**

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

**7900 Glades Road, Suite 650**

**-01/09/02--01034--018**

**\*\*\*\*150.00 \*\*\*\*150.00**

Suite, Apt. #, Etc.

City

**Boca RATON**

State

**FL**

Zip Code

**33434**

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

**Mark R. Osherow**

Date

**12/26/01**

REGISTERED AGENT MUST SIGN

**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
MEM	ARTHUR JOHNSON	2900 NE 6th Dr	BOCA RATON, FL 33431
MEM	RUTH JOHNSON	" " " "	" " " "

**REINSTATEMENT**

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

**Arthur Johnson**

Date

**12/26/01**

Daytime Phone #

**561 395-7263**

Typed or printed name of signing Managing Member/Manager

**ARTHUR JOHNSON**

**RUTH JOHNSON**

CR2E041 (9/01)