

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2300 NOV 26 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600138283916  
11/26/08--01022-008 \*\*416.25

CR2E041 (10/08)

**DOCUMENT #**

1. Limited Liability Company's Name

City Center Development, LLC

# M03000000549

2. Principal Office Address - No P.O. Box #

185 NE 4th Ave

Suite, Apt. #, etc.

104

City & State

Delray Beach, FL

Zip

33483

Country

USA

3. Mailing Office Address

185 NE 4th Ave

Suite, Apt. #, etc.

104

City & State

Delray Beach, FL

Zip

33483

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

2/13/03

6. FEI Number

593766625

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

Thomas D. Laudani

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

185 NE 4th Ave

Suite, Apt. #, Etc.

104

City

Delray Beach

State

FL

Zip Code

33483

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11/17/08

**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
M	Thomas D Laudani	185 NE 4th Ave #104	Delray Beach, FL 33483
M	Anthony Mesiti	100 Andover By-Pass <sup>St. 300</sup>	N. Andover MA 01845
		REINSTATEMENT	-06-07-08

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

same

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager