PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 NOV 26 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/08)

DOCUMENT # M04000004049

1. Limited Liability Company's Name

ALLERAND 675 COMPANY, LLC

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2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
675 W. INDIANTOWN RD		675 W. INDIANTOWN RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 201		SUITE 201	
City & State		City & State	
JUPITER, FL		JUPITER, FL	
Zip	Country	Zip	Country
33458	USA	33458	USA

4. State/Country of Formation
DELAWARE

5. Date Organized or Qualified To Do Business in Florida 09/28/2004

6. FEI Number
010817689
☒ 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
NATIONAL CORPORATE RESEARCH, LTD., INC.

Street Address (P.O. Box Number is Not Acceptable)
515 EAST PARK AVENUE

Suite, Apt. #, Etc.

City	State	Zip Code
TALLAHASSEE	FL	32301

☐ 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 Kathleen Ballard Asst. Sec. Date 11-26-08
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
Managing Mber	Richard Sabella	441 Savoie Lane	Palm Beach Gardens, FL 33410
Mgr	Warren Malone	30 West 85th	New York, NY 10024

REINSTATEMENT 2008

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 _____ Date 11-25-08 Daytime Phone # 561-427-6776

Typed or printed name of signing Managing Member/Manager Richard J. Sabella

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