

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 NOV 20 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000099

1. Limited Liability Company's Name

ROYAL PALM WAY LLC

2. Principal Office Address

c/o SALLY BIONDO

Suite, Apt. #, etc.

7600 JERICHO TPKE

City & State

WOODBURY, NEW YORK

Zip

11797

Country

U.S.A.

3. Mailing Office Address

c/o SALLY BIONDO

Suite, Apt. #, etc.

7600 JERICHO TPKE

City & State

WOODBURY, NEW YORK

Zip

11797

Country

U.S.A.

4. State/Country of Formation

NEW YORK

5. Date Organized or Qualified  
To Do Business in Florida

1/9/98

6. FEI Number

11-3416995

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

JOSEPH LEUZZI

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

2825 IROQUOIS CIRCLE

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33409

500004718195-8

12/11/01-01026-020

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

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

Date 11/15/01

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
MGRM	SALLY BIONDO	7600 JERICHO TURNPIKE	WOODBURY, NEW YORK 11797

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

Date 11-8-01 Daytime Phone # 516-364-9320

Typed or printed name of signing Managing Member/Manager