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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

M98000000099

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 NOV -5 PM 12:49

1. DOCUMENT # M98000000099

Name and Mailing Address

0006572 01 FP 0352 ***PRSRT T1 0 0615 11797-172899

ROYAL PALM WAY LLC
% SALLY BIONDO
7600 JERICHO TURNPIKE
WOODBURY NY 11797-1728

2. New Mailing Address
PLEASE SEND All Forms to 7600 Jericho Turnpike
City, State, Zip WOODBURY NY 11797 — LL8

4. State/Country of Formation
NY

5. Date Organized or Qualified To Do Business In Florida 02/03/1998

6. FEI Number 11-3416995 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

Principal Place of Business
% SALLY BIONDO
7600 JERICHO TURNPIKE
WOODBURY NY 11797

3. New Principal Place of Business Address
City, State, Zip

8. Name and Address of Current Registered Agent

LEUZZI, JOSEPH
2825 IROQUOIS CIRCLE
WEST PALM BEACH FL 33409

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code 11797

10. 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 10/23/02
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BIONDO, SALLY	7600 JERICHO TURNPIKE	WOODBURY NY 11797 LL8

REINSTATEMENT 2002 Check 11/20

Check 11/20

800009159778
11/22/02--01010--003 **150.00

12. 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 10/27/02 Daytime Phone # 516-364-9320

Typed or printed name of signing Managing Member/Manager _____

CR2E084 (8/02)