

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



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

AND  
FILED

00 OCT 18 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000523

1. Limited Liability Company's Name

Hibernia of West Palm, LLC

REINSTATEMENT 2000

2. Principal Office Address

866 2nd Avenue

Suite, Apt. #, etc.

2nd Floor

City & State

New York, NY

Zip Country

10017

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

April 8, 1999

6. FEI Number  
134050708

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

CT Corporation Systems

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

*Connie Bryan*

CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 10/18/00

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
	See Addendum		

800003456178--9

-11/07/00--01/23--003

\*\*\*\*155.00 \*\*\*\*155.00

JB  
10-19-00

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

*Kevin L. Raymond*

Date 10/16/00

Daytime Phone 212-218-5166

Typed or printed name of signing Managing Member/Manager

Kevin L. Raymond

2

# ADDENDUM

<b>Title</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Managing Members/Managers</b>	<b>City/State/Zip</b>
MGR	Michael R. Craven	42 West Lancaster Drive, Suite 200	Ardmore, PA 19003
MGR	James Thompson	407 Main Street	Chatham, NJ 07928
MGR	Timothy P. Mayhew	866 2nd Avenue, 2nd Floor	New York, NY 10017
MGR	Marcos A. Rodriguez	866 2nd Avenue, 2nd Floor	New York, NY 10017
MGR	Kevin L. Reymond	866 2nd Avenue, 2nd Floor	New York, NY 10017
MGR	Christy S. Sadler	866 2nd Avenue, 2nd Floor	New York, NY 10017
MGR	Philip A. Jones	866 2nd Avenue, 2nd Floor	New York, NY 10017