M99000001875

FILED
05 AUG -9 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M99000001875

1. Limited Liability Company's Name

Heritage Royal Palm Partners, LLC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| c/o Harris Beach PLLC, 99 Garnsey Rd. | same as 2 |
| Attn: Peter C. Lutz, Esq. | |
| Pittsford, New York | |
| 14534 USA | |

4. State/Country of Formation: State of Delaware / USA

5. Date Organized or Qualified To Do Business in Florida: 11/30/99

6. FEI Number: 650965698

7. CERTIFICATE OF STATUS ISSUED ☐

8. Name and Address of Current Registered Agent

Name: Jarred Victor Scutti

Street Address (P.O. Box Number is Not Acceptable): 4251 Salcedo

Suite, Apt. # or Bldg.: Apt. 613E

City: Coral Gables | State: FL | Zip Code: 33146

9. I being appointed the registered agent of the above limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Jarred Scutti (REGISTERED AGENT MUST SIGN) Date: 8-8-05

10. Name and Street Address of Managing Members/Managers

| Title | Name of Managing Members/Managers | Street Address of Managing Members/Managers | City / State / Zip |
|---|---|---|---|
| MGRM | Jarred Victor Scutti | 4251 Salcedo, Apt. 613E | Coral Gables, FL 33146 |
| MGR | Jay C. Scutti | 99 Garnsey Road | Pittsford, NY 14534 |
| MGR | Julie C. Scutti, as Trustee on behalf of the Janea Victoria Trust | 8430 Native Dancer Road | Palm Beach Gardens, FL 33418 |

08/16/05--01006--016 **38.00

REINSTATEMENT 2001-2005

11. I certify that I am managing member/manager or the signatory or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when any this reinstatement application the events for dissolving have been eliminated, the limited liability company names complies the requirements of section 608.408, F.S., and that all taxes 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: Jarred Scutti Date: 8-8-05 Daytime Phone #: 585-738-8000

Typed or printed name of signing Member/Manager: Jarred Victor Scutti