

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 OCT -5 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

DOCUMENT # M99000001967

1. Limited Liability Company's Name

BOYNTON OCEAN LLC

03

2. Principal Office Address

1629 K Street, N.W.

Suite, Apt. # etc.

Suite 501

City & State

Washington D.C.

Zip

20006

Country

USA

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

Dec 13, 1999

6. FEI Number

65-0931221

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

*Jeanine Reynolds*

**Jeanine Reynolds  
as its agent**

REGISTERED AGENT MUST SIGN

Date

10-5-04

**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	F. Davis Camalier	2848 McGill Terrace	Washington, D.C. 20008

**REINSTATEMENT** 2003-2004

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

*F. Davis Camalier*

Date 10-1-04

Daytime Phone # 202 466 4000

Typed or printed name of signing Managing Member/Manager

F Davis Camalier

CR2041 (10/02)