

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
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 27 AM 8:45

DOCUMENT # **L02000029231**

1. Limited Liability Company's Name

HARBORSIDE INVESTMENTS, LLC

400029313564
 02/24/04--01033--040 **155.00

2. Principal Office Address

209 TOWN CENTER BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

209 TOWN CENTER BLVD

Suite, Apt. #, etc.

City & State

DAVENPORT, FL

City & State

DAVENPORT, FL

Zip

33896

Country

USA

Zip

33896

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida

11/01/2002

6. FEI Number

54-2082123

Applied For

Not Applied

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee req. for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JOHN H. MARLING

504105901227

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

209 TOWN CENTER BLVD

01/09/04 90220 010

Suite, Apt. #, Etc.

\$5500

City

DAVENPORT

State

FL

Zip Code

33896

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

[Signature]
 REGISTERED AGENT MUST SIGN

Date **3/25/04**

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 | JOHN H. MARLING | 209 TOWN CENTER BLVD | DAVENPORT, FL 33896 |
| MEMBER | HEIDI J. MARLING | 209 TOWN CENTER BLVD | DAVENPORT, FL 33896 |
| MEMBER | JAMES S. CARR | 209 TOWN CENTER BLVD | DAVENPORT, FL 33896 |
| | | | |
| | | | |

REINSTATEMENT

[Handwritten initials]

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

[Signature]

Date **2/14/04**

Daytime Phone # **863-424-5536**

Typed or printed name of signing Managing Member/Manager