L05 000061834

Division of Corporations

Florida Department of State

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Thanks

LIMITED LIABILITY REINSTATEMENT

WESTRIDGE, LLC

Certificate of Status	0
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Page Count	01
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S. HAWKES
JAN 27 2009
EXAMINER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2009

WESTRIDGE, LLC
2440 S.W. 105TH TERRACE
DAVIE, FL 33324

SUBJECT: WESTRIDGE, LLC
REF: L05000061834

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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Suzanne Hawkes
Regulatory Specialist II
Registration Section

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JAN 12 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/06)

DOCUMENT # L05000061834

1. Limited Liability Company's Name

Westridge, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1819 SE 17th St., #1209		1819 SE 17th St., #1209	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ft. Lauderdale, FL		City & State: Ft. Lauderdale, FL	
Zip: 33316	Country: USA	Zip: 33316	Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 06/21/05

6. FEI Number: 20-3793778 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Dr., Suite 4

Suite, Apt. #, Etc.:

City: Weston, State: FL Zip Code: 33331

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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] Date: 01-09-2009

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Jonathan D. Mariner	1819 SE 17th St., #1209	Ft. Lauderdale, FL 33316
MGRM	Mildred C. Mariner	1819 SE 17th St., #1209	Ft. Lauderdale, FL 33316

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: 01-09-09 Daytime Phone #: 212-931-7820

Typed or printed name of signing Managing Member/Manager: Jonathan D. Mariner, Managing Member

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