

2007 LIMITED LIABILITY COMPANY REINSTATEMENT



DOCUMENT # L06000066365

1. Entity Name
GULF SHORE RENOVATORS, LLC

10/27/07 -6 PM 5:06

Principal Place of Business 3100 GULF SHORE BLVD. N. #503 (previously #603) NAPLES, FL 34103 US	Mailing Address 3100 GULF SHORE BLVD. N. #503 (previously #603) NAPLES, FL 34103 US
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10092007 REIN-LLC CR2E101 (1/07)



4. FEI Number 20-5326915	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**HUDSON, COURTENAY A II
3100 GULF SHORE BLVD. N.
#503 (previously #603)
NAPLES, FL 34103**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **COURTENAY A. HUDSON II** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGMGR <input type="checkbox"/> Delete
NAME	HUDSON, COURTENAY A II
STREET ADDRESS	3100 GULF SHORE BLVD. N. #503
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	MGMGR <input type="checkbox"/> Delete
NAME	WOBBECKE-HUDSON, JANET E
STREET ADDRESS	3100 GULF SHORE BLVD. N. #503
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700111301817
STREET ADDRESS	10/24/07--01051--005 **150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT 07 ST

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **COURTENAY A. HUDSON** Date **10/20/07** Daytime Phone # **419-566-1186**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE