

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 DEC 16 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # **L09000033999**

1. Limited Liability Company's Name
Ocean Horizon Properties of Florida, LLC

KS

REINSTATEMENT 10-11

2. Principal Office Address - No P.O. Box #
457 Ocean Ridge way

Suite, Apt. #, etc

3. Mailing Office Address
507 N. Birdneck Road

Suite, Apt. #, etc.

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
4/7/09

City & State
Juno Beach, Florida VA Beach, VA

Zip Country
33408 USA 23457 USA

6. FEI Number
37-1583448

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
L. Wesley Nichols, Esquire

Street Address (P.O. Box Number is Not Acceptable)
11380 Prosperity Farms Rd

Suite, Apt. #, Etc
204

City State Zip Code
Palm Beach Gardens FL 33410

E-mail Address:
000215284270
12/16/11--01009--025 **377.50

LWNPA@BELLSOUTH.NET
(To be used for future annual report notices)

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 **L Wesley Nichols**
REGISTERED AGENT MUST SIGN

Date

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
MANAGING MEMBER	Deborah M KASSIR	507 N. Birdneck Road	Va Beach, VA 23451
MANAGING MEMBER	Nabil D KASSIR	507 N. Birdneck Rd	Va Beach, VA 23451

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing Member/Manager **[Signature]** Date **11/21** Daytime Phone # **757-491-0044**

Typed or printed name of signing Managing Member/Manager