PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV 12 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001239

1. Limited Liability Company's Name

Delray Estuary, L.C. 9/16/05

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
333 N.E. 2nd Street		333 N.E. 2nd Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Delray Beach, Fl		Delray Beach, Fl	
Zip	Country	Zip	Country
33483	USA	33483	USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 03/04/1999

6. FEI Number
650921448
☐ 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
Lennie F. Smith

Street Address (P.O. Box Number is Not Acceptable)
333 N.E. 2nd Street

Suite, Apt. #, Etc.

City	State	Zip Code
Delray Beach	FL	33483

☐ 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 Lennie F. Smith Date 11/04/2008
REGISTERED AGENT MUST SIGN

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	Scott Porten	333 N.E. 2nd Street	Delray Beach, Fl 33483
MGR	Nanci Porten	333 N.E. 2nd Street	Delray Beach, Fl 33483
MGR	Stephen L Porten	333 N.E. 2nd Street	Delray Beach, Fl 33483
			400137669404 11/05/08--01027--012 **660.00
REINSTATEMENT		2005 - 2008	11/13

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 _____ Date 11/04/2008 Daytime Phone # (561) 819-1109

Typed or printed name of signing Managing Member/Manager Scott Porten