

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000002174

1. Limited Liability Company's Name

M. L. T. WESTSHORE, LLC

400135131694
08/29/08--01028--011 **1071.21

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

201 S O'Brien St

Suite, Apt. #, etc.

City & State

Tampa

Zip

FL33609

Country

US

3. Mailing Office Address

201 S O'Brien St

Suite, Apt. #, etc.

City & State

Tampa

Zip

FL33609

Country

US

4. State/Country of Formation

Florida / US

5. Date Organized or Qualified
To Do Business in Florida

02/21/2000

6. FEI Number

59-3630679

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

ERIC H. LEE

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

201 S O'Brien St

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

☐ 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]
REGISTERED AGENT MUST SIGN

Date 8/27/08

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	ERIC LEE	201 S O'Brien St	Tampa, FL 33609
MGRM	SHIAN-SHYAN LEE	4120 Staffordshire Dr.	Lakeland, FL 33809
REINSTATEMENT 2002 - 2008			

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

8/27/08

Daytime Phone #

813-7853600

Typed or printed name of signing Managing Member/Manager

ERIC LEE

FILED
SEP 10 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA