

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

L00000014252

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 19 AM 9:00

DOCUMENT # L00000014252

1. Limited Liability Company's Name

PARKSIDE GROUP, L.C.

2. Principal Office Address

222 South Military Trail

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33432

Country

USA

3. Mailing Office Address

222 South Military Trail

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33432

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida

11-13-02

6. FEI Number

65-1057541

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

Merrill A. Bookstein Counselor at Law, P.A.

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

2499 Glades Road

Suite, Apt. #, Etc.

308

City

Boca Raton

State

FL

Zip Code

33431

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

11-18-04

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
<i>MEM</i>	Seymour Gordon	222 S. Military Trail	Delray Beach, FL 33432
<i>MEM</i>	Manuel Hand	222 S. Military Trail	Delray Beach, FL 33432
<i>MEM</i>	Martin Gordon	222 S. Military Trail	Delray Beach, FL 33432

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

Daytime Phone #

11-18-04

Typed or printed name of signing Managing Member/Manager

Seymour Gordon

CR2E041 (10/02)

2 of 2

*Merrill A. Bookstein*  
Counselor at Law, P.A.

2499 Glades Road  
Suite 308  
Boca Raton, Florida 33431

(561) 361-9454  
Fax: (561) 361-9843  
E-Mail: MBookstein@aol.com

November 18, 2004

**Via FedEx**

Division of Corporations  
Registration Section  
409 E. Gaines Street  
Tallahassee, FL 32399

**Re: Reinstatement of Parkside Group, LC**  
**Document No. L00000014252**

Dear Sir or Madam:

Enclosed please find the following:

1. Limited Liability Company Reinstatement Form;
2. Check number 5026, in the amount of \$205.00 for the reinstatement fee and a certificate of status.

As we did not receive the notice to file in 2001 or subsequent years, I was advised to send a letter stating same, and that I could file the Reinstatement without penalty.

If you have any questions regarding the foregoing, please do not hesitate to contact me at the above phone number.

Thank you.

Very truly yours,

MERRILL A. BOOKSTEIN  
COUNSELOR AT LAW, P.A.



Merrill A. Bookstein

MAB/lk  
Enc.