

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 17 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L0000014252

1. Limited Liability Company's Name

PARKSIDE GROUP L.C.

CR2E041 (1/07)

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

222 S. MILITARY TRAIL

Suite, Apt. #, etc.

3. Mailing Office Address

222 S. MILITARY TRAIL

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FLA.

City & State

DEERFIELD BEACH, FLA.

Zip

33442

Country

USA

Zip

33442

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida

JAN 1, 2001

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

MARTIN GORDON

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

222 S. MILITARY TRAIL

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33442

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

Martin Gordon

REGISTERED AGENT MUST SIGN

Date

4/12/07

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	SEYMOUR GORDON	222 S. MILITARY TRAIL	DEERFIELD BEACH, FL 33442
MGR	MANUEL HAND	222 S. MILITARY TRAIL	DEERFIELD BEACH, FL 33442
MGRM	MARTIN GORDON	222 S. MILITARY TRAIL	DEERFIELD BEACH, FL 33442

REINSTATEMENT 05-07

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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

Martin Gordon

Date

4/12/07 Daytime Phone # 9542610158

Typed or printed name of signing Managing Member/Manager

MARTIN GORDON