L00000014627

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN 21 AM 11:46

REINSTATEMENT

DOCUMENT # L00000014627

1. Limited Liability Company's Name

Fortunate Harbour, LLC

2. Principal Office Address	**3.** Mailing Office Address	
833 Cindy Drive	833 Cindy Drive	**4.** State/Country of Formation: Florida / Palm Beach
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5.** Date Organized or Qualified To Do Business in Florida 11/17/00
City & State: Wellington, Florida	City & State: Wellington, Florida	**6.** FEI Number 651058092 / Applied For / Not Applicable
Zip 33414 / Country Palm Beach	Zip 33414 / Country Palm Beach	**7.** CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Robert J. Pozsony

Street Address (P.O. Box Number is Not Acceptable) 833 Cindy Drive

8000381449 08
06/22/04--01006--002 **200.00

Suite, Apt. #, Etc.

8000381449 08
06/22/04--01006--003 **5.00

City Wellington	State FL	Zip Code 33414

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 _____ REGISTERED AGENT MUST SIGN

Date 6/18/04

CR2E041 (10/02)

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
MGR	Robert J Pozsony	833 Cindy Drive	Wellington, Florida 33414

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 6/18/04   Daytime Phone # 561-346-2940

Typed or printed name of signing Managing Member/Manager Robert J Pozsony