

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
in Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000001711

Name and Mailing Address

02 NOV 12 AM 10:57

0010743 01 FP 0.352 **PRSRT HO 0 0615 34986-173553



THE BOULEVARD SHOPPES, L.L.C.
1100 S.W. ST. LUCIE WEST BLVD., STE. 208
PORT ST LUCIE FL 34986-1735

REINSTATEMENT

2002



2. New Mailing Address 1100 SW ST. LUCIE WEST BLVD # 208 City, State, Zip PORT ST. LUCIE FL 34986		4. State/Country of Formation FL	
Principal Place of Business 1100 S.W. ST. LUCIE WEST BLVD. PORT ST LUCIE FL 34986		5. Date Organized or Qualified To Do Business in Florida 02/01/2001	
3. New Principal Place of Business Address STE. 208 City, State, Zip		6. FEI Number 65-1110711 Applied For Not Applicable	
8. Name and Address of Current Registered Agent NAVAREETA, STEPHEN ESQ. NAVARETTA & NAVARETT, ATTORNEYS AT LAW 1100 S.W. ST. LUCIE WEST BLVD., STE. 203 PORT ST. LUCIE FL 34986		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200008717132 10731702--01014--004 **150.00 City FL Zip Code			
10. 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 10/25/02			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Ward Snyder	116 Herons Nest	Stuart, FL
MGRM	Leonard Snyder	116 Herons Nest	Stuart, FL
MGRM	Jay Kellar	2640 SW River Shores Drive	Pl. St. Lucie, FL 34984
REINSTATEMENT 2002			

CR2E084 (8/02)

12. 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 10-25-02 Daytime Phone # 772-340-4096
Typed or printed name of signing Managing Member/Manager