

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
J. Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC 18 PM 5:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000004211

Name and Mailing Address

0005923 01 FP 0.352 \*\*PRSR TB 0 0615 34236-598182



SARASOTA REAL ESTATE LLC  
1800 SECOND STREET, SUITE 757  
SARASOTA FL 34236-5981

MJH



12/18 2002

2. New Mailing Address

1800 Second St Ste 720

City, State, Zip  
Sarasota FL 34236

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

03/19/2001

Principal Place of Business

1800 SECOND STREET, SUITE 757  
SARASOTA FL 34236

3. New Principal Place of Business Address

1800 Second St Ste 720

City, State, Zip

Sarasota FL 34236

6. FEI Number

63-0692047

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

EDWARDS, SHERYL A ESQ.  
1800 SECOND STREET, SUITE 757  
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name

SHERYL A EDWARDS ESQ

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

1800 Second St Ste 720

City

Sarasota

FL

Zip Code

34236

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 12/16/02

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
MGR	BOGUSZEWSKI, JOSEPH W	423 ARMANDS CIRCLE	SARASOTA FL 34238
MGR	BILSKI, KRIS	238 UPLAND ROAD	REDWOOD CITY CA 94082

000009582150  
12/18/02--01069--006 \*\*150.00

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

12/9/02

Daytime Phone #

941-388-3966

Typed or printed name of signing Managing Member/Manager

Joseph W Boguszewski

CR2EC84 (8/02)