

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 MAY -7 PM 4:46

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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05/07/03--01002--007 \*\*200.00

DOCUMENT # 201000011210

1. Limited Liability Company's Name

GULFSTREAM HOTELS, LLC

2. Principal Office Address

1 LAKE AVENUE

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33460

Country

USA

3. Mailing Office Address

10781 NW 5<sup>th</sup> Street

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33324

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

July 3, 2001

6. FEI Number

65-1131560

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

BRETT ENGELHARD

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

10781 NW 5<sup>th</sup> Street

Suite, Apt. #, Etc.

City

Plantation

State  
FL

Zip Code

33324

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]*

Date 4/28/03

REGISTERED AGENT MUST SIGN

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	Brett Engelhard	10781 NW 5 <sup>th</sup> Street, Planta	Plantation, FL 33324

REINSTATEMENT 2002-03

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

*[Signature]*

Date 4/28/03

Daytime Phone #

561-238-5502

Typed or printed name of signing Managing Member/Manager

BRETT ENGELHARD