

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV -3 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 01000014998

1. Limited Liability Company's Name

Shore Side Management, Limited
Company

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

1961 NW 150TH AVENUE

Suite, Apt. #, etc.

104

3. Mailing Office Address

Same

City & State

Pembroke Pines FL

City & State

Zip

Country

33028

BROWARD

Zip

Country

BROWARD

4. State/Country of Formation

Fla.

5. Date Organized or Qualified
To Do Business in Florida

8/31/01

6. FEI Number

27 000 2081

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

Edward J. Santos

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

1961 NW 150TH Avenue

Suite, Apt. #, etc.

Suite 104

City

Pembroke Pines

State

FL

Zip Code

33028

☒ 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

Ed Santos

REGISTERED AGENT MUST SIGN

Date 10/30/09

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	ROBERT KRATISH	14499 SUNSET LANE	FT. LAUD. FL 33330
MGRM	JILL KRATISH-ROSENDO	14495 SUNSET LANE	FT. LAUD. FL 33330
REINSTATEMENT 08-09			
AL			
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11/12/09--01063--012 **277.50			

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

R. Kratish

Date 10/30/09

Daytime Phone# 954 649 3727

Typed or printed name of signing Managing Member/Manager

ROBERT KRATISH