

12/18/2002

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

H02000239179

FILED

02 DEC 19 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000016785

1. Limited Liability Company's Name

PORTSIDE DEVELOPMENT, LLC

2. Principal Office Address

1115 NE 9th Avenue

Suite, Apt. #, etc.

City &amp; State

Fort Lauderdale, FL

Zip

33304

Country

US

3. Mailing Office Address

1115 NE 9th Avenue

Suite, Apt. #, etc.

City &amp; State

Fort Lauderdale, FL

Zip

33304

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

10/01/2001

6. FEI Number

03-0398953

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

Kaye A. Pearson

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

1115 NE 9th Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33304

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

Kaye A. Pearson

Date 12/18/2002

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
MGRM	Kaye A. Pearson	1115 NE 9th Avenue	Ft. Lauderdale, FL 33304
MGRM	Jody Oberholtzer	1115 NE 9th Avenue	Ft. Lauderdale, FL 33304

REINSTATEMENT 2002 AL

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 608.408, 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

Kaye A. Pearson

Date 12/18/02

Daytime Phone # 954-764-7642

Typed or printed name of signing Managing Member/Manager

Kaye A. Pearson, Managing Member

H02000239179

CR2E041 (9/00)

Division of Corporations

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**L0100006785**

**Florida Department of State**  
**Division of Corporations**  
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To:

Division of Corporations  
 Fax Number : (850) 205-0383

*Attn: Sue Deverson*  
*# 950 602.0049*

From:

Account Name : TRIPP SCOTT, P.A.  
 Account Number : 075350000065  
 Phone : (954) 525-7500  
 Fax Number : (954) 761-8475

**LIMITED LIABILITY REINSTATEMENT**

**PORTSIDE DEVELOPMENT, LLC**

Certificate of Status	0
Certified Copy	0
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