

▲ Tear Here ▲

▲ Tear Here ▲

▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 30 AM 8:24

1. DOCUMENT # L01000018544

Name and Mailing Address

0016695 01 MB 0.309 \*\*AUTO T1 0 0615 75219-439807



SURFSIDE INVESTMENTS, LLC

3707 GILBERT AVE

UNIT 7

DALLAS TX 75219-4398



2. New Mailing Address

P.O. Box 190426

City, State, Zip

Dallas, TX 75219

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

10/26/2001

Principal Place of Business

9559 COLLINS AVE.

UNIT 405

SURFSIDE FL 33154

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

79-3020178

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

O'LEARY, STINELLI

9559 COLLINS AVE.

UNIT 405

SURFSIDE FL 33154

9. Name and Address of New Registered Agent

Name Stinelli O'Leary

Street 9559 Collins Ave Unit 405

City Surfside

FL

Zip 33154

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12/22/03

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	O'LEARY, TIMOTHY P	9559 COLLINS AVE UNIT 405	SURFSIDE FL 33154
MGRM	O'LEARY, STINELLI C	9559 COLLINS AVE UNIT 405	SURFSIDE FL 33154

600025854816  
12/30/03--01040--008 \*\*150.00

REINSTATEMENT

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

SIGNATURE REQUIRED

Date

12/22/03

Daytime Phone

(214) 912-3028

Typed or printed name of signing Managing Member/Manager

STINELLI C. O'LEARY

CR2E034 (7/03)