

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

L01000021905

AND FILED
02 OCT 30 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021905
Name and Mailing Address

0010400 01 FP 0.352 **PRSR H8 0 0615 34667-135625
DOCKSIDE APARTEL, LLC
6525 CLARK STREET
OFFICE
HUDSON FL 34667-1356

REINSTATEMENT **2002**



US

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 6525 CLARK STREET OFFICE HUDSON FL 34667 US		5. Date Organized or Qualified To Do Business in Florida 12/17/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 30-0026737 Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent DAVIS, DAVID L 6525 CLARK STREET OFFICE HUDSON FL 34667		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		100008698251	
		10/30/02--01057--001 **150.00	
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 <i>[Signature]</i> Date 10/24/02 REGISTERED AGENT MUST SIGN		City FL Zip Code	

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	AMRON CORPORATION	2000 S. RAINBOW BLVD #100 P.O. Box 5522	LAS VEGAS NV 89148 HUDSON, FL. 34674

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]* Vice President Date 10/24/02 Daytime Phone # 727-869-4910 X10
Typed or printed name of signing Managing Member/Manager DAVID L. DAVIS VICE PRESIDENT AMRON CORPORATION