

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 23 PM 2:32

**DOCUMENT # L02000006959**

1. Limited Liability Company's Name

PORT PLAZA, L.L.C.

200129918972  
05/21/08--01004--016 \*\*832.50

CR2E041 (12/07)

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

330 State Road 84

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33315

Country

USA

3. Mailing Office Address

330 State Road 84

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33315

Country

USA

4. State/Country of Formation

Florida/ USA

5. Date Organized or Qualified  
To Do Business in Florida

3/25/2002

6. FEI Number

04-3695642

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

Michael J. Quarequio, Esq.

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

900 Southeast 3rd Avenue

Suite, Apt. #, Etc.

Suite 202

City

Fort Lauderdale

State

FL

Zip Code

33316

☒ 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

Date 5/13/2008

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	Anthony Bruno	330 State Road 84	Fort Lauderdale, FL 33315

REINSTATEMENT

w/CP 03-08 [Signature]

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

Date 5/13/2008

Daytime Phone # 954-467-8484

Typed or printed name of signing Managing Member/Manager Anthony Bruno