

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000007000

1. Limited Liability Company's Name
GULF SHORELINE, LLC

9/26/03

FILED
04 JAN 15 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BPL

2. Principal Office Address
444 Gulf of Mexico Dr.

3. Mailing Office Address
444 Gulf of Mexico Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Longboat Key, FL 34228

City & State
Longboat Key, FL 34228

Zip
34228

Country
USA

Zip
34228

Country
USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida 3/25/02

6. FEI Number

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
Mary L. Holmes

Street Address (P.O. Box Number is Not Acceptable)
444 Gulf of Mexico Drive

Suite, Apt. #, Etc.

City
Longboat Key

State
FL

Zip Code
34228

BPL

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

Mary L. Holmes
REGISTERED AGENT MUST SIGN

Date 1/13/04

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
Manager	Mary L. Holmes	444 Gulf of Mexico Dr.	Longboat Key, FL 34228

REINSTATEMENT 2003-2004 200027042842

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

Mary L. Holmes

Date 1/13/04

Daytime Phone # (941) 387-8726

Typed or printed name of signing Managing Member/Manager Mary L. Holmes



CORPORATION SERVICE COMPANY™

L02000007000

ACCOUNT NO. : 072100000032

REFERENCE : 397051 3487A

AUTHORIZATION :

COST LIMIT :

Patricia Pizito
\$ 2051.00

ORDER DATE : January 15, 2004

ORDER TIME : 10:31 AM

ORDER NO. : 397051-005

CUSTOMER NO: 3487A

CUSTOMER: Ms. Laurie Wright
Icard Merrill Cullis Timm
Suite 600
2033 Main Street
Sarasota, FL 34237

DOMESTIC FILINGS

NAME: GULFSHORELINE, LLC

BK

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS _____

RECEIVED
04 JAN 15 PM 1:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
04 JAN 15 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA