

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LLC
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000007966

1. Corporation Name

OCEANSIDE DEVELOPMENT LLC

2. Principal Office Address

6291 VIA VENETIA NORTH

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33484

Country

USA

3. Mailing Office Address

6291 VIA VENETIA NORTH

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33484

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/4/02

5. FEI Number

33-1031293

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RONALD L. PITOCHELLI

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

6291 VIA VENETIA NORTH

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33484

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Ronald L. Pitocchelli

Date 10-16-03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGRM	RONALD L. PITOCHELLI	6291 VIA VENETIA DRIVE NORTH	DELRAY BEACH, FL 33484
MGRM	YURI A. GURFEL	111 BRINY AVE., SO. TOWER PH-18	POMPANO BEACH, FL 33062

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Ronald L. Pitocchelli

RONALD L. PITOCHELLI

10-16-03

1-561-504-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)