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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF REVENUE
L02000010345	

FILED

03 OCT 24 PM 2:11

1. DOCUMENT # L02000010345

Name and Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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WATERSIDE HOLDINGS OF SARASOTA, LLC  
6639 MIDNIGHT PASS RD., #8  
SARASOTA FL 34242-2508



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/25/2002	
Principal Place of Business 6639 MIDNIGHT PASS RD., #8 SARASOTA FL 34242	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
8. Name and Address of Current Registered Agent WARD, THOMAS D 4974 FALLCREST CIR. SARASOTA FL 34233		9. Name and Address of New Registered Agent Name Street Address (P.O. Box) City FL Zip Code	
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 Date 10/21/03		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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	WARD, THOMAS D	4974 FALLCREST CIR. 5221 OCEAN BLVD STE 2	SARASOTA FL 34233
MGRM	SHARPENTER, EDWARD W	4980 FALLCREST CIR.	SARASOTA FL 34233
MGRM	LIVESEY, BRIAN	1300 TANGIER WAY	SARASOTA FL 34239
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		Date 10/21/03 Daytime Phone #9413467454	
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)