

L02000012518

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

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DOCUMENT # L02000012518

1. Limited Liability Company's Name

Port Salerno Industrial Park LLC

600189812786
01/05/11--01037--007 **521.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 7956 Steeplechase Drive		3. Mailing Office Address 7956 Steeplechase Drive	
Suite, Apt. #, etc. n/a		Suite, Apt. #, etc. n/a	
City & State Palm Beach Gardens, FL		City & State Palm Bch Gardens, FL.	
Zip 33418	Country USA	Zip 33418	Country USA

4. State/Country of Formation Florida/Palm Beach County	
5. Date Organized or Qualified To Do Business in Florida January 27, 2003	
6. FEI Number 710896172	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Janet L Kozan		
Street Address (P.O. Box Number is Not Acceptable) 7956 Steeplechase Drive		
Suite, Apt. #, Etc. n/a		
City Palm Bch Gardens,	State FL	Zip Code 33418

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 Janet L Kozan
REGISTERED AGENT MUST SIGN

Date 01/03/2011

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	Janet L Kozan	7956 Steeplechase Dr	PBG., FL., 33418
MGRM	Larry P Viens	631 Hermitage Dr	PBG., FL., 33410

REINSTATEMENT

09-11

JAN 06 2011

11. E-mail Address: steeplec@hotmail.com

(To be used for future annual report notifications)

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 Janet L Kozan Date 01/03/2011 Daytime Phone # 561 602 1680

Typed or printed name of signing Managing Member/Manager Janet L Kozan