

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
FILED
DIVISION OF CORPORATIONS

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 10 PM 5:28

DOCUMENT # L02000012518

1. Limited Liability Company's Name

PORT SALERNO INDUSTRIAL PARK, LLC

20002456612
11/10/03--01074--012 **150.00

2. Principal Office Address

7956 STEEPLECHASE DR.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

City & State

P.B.C.

Zip

33418

Country

P.B.

Zip

33418

Country

P.B.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

5/21/2002

6. FEI Number

71-08-96172

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

JANET KOZAN

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

9411 N 7956 STEEPLECHASE DRIVE

Suite, Apt. #, Etc.

N/A

City

PALM BEACH 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 11/13/03

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 |
|--------|--------------------------------------|---|--------------------|
| MEM | LARRY P. VIENS | 763 ALT. A1A | JUPITER, FL 33477 |
| MEM | JANET L. KOZAN | 7956 Steeplechase Dr. | P.B.C., FL 33418 |
| | | | |
| | | | |
| | | REINSTATEMENT | 03 acc |

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

Janet L. Kozan

Date 10/30/03 Daytime Phone # 54-436-8774

Typed or printed name of signing Managing Member/Manager