

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L02000015810**

1. Limited Liability Company's Name
Gulfview Park, LLC

9/26/03

FILED
04 JAN 12 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100027092164
01/16/04--01027--003 **50.00

2. Principal Office Address

3119 Manatee Avenue West

Suite, Apt. #, etc.

3. Mailing Office Address

3119 Manatee Avenue West

Suite, Apt. #, etc.

City & State

Bradenton, Florida

City & State

Bradenton, Florida

Zip

34205

Country

USA

Zip

34205

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

June 24, 2002

6. FEI Number **51-0424970**

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

Garret T. Barnes

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

3119 Manatee Ave W

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205

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

Date **12-2-03**

REGISTERED AGENT MUST SIGN

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
MGR	Tarek Samee	919 Bayside Drive, #F-2	Newport Beach, CA 92660
MGR	Abdul K. Jawad	805 Baker St	Costa Mesa CA 92626

REINSTATEMENT 2003-2004

BK

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

Date **12/02/03** Daytime Phone # **941-741-8224**

Typed or printed name of signing Managing Member/Manager **Tarek Samee**

CR2ED41 (10/02)