

**L02000021157**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
08 MAY 16 PM 3:15  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDADOCUMENT # **L02000021157**

1. Limited Liability Company's Name

**East Side Realty, LLC**  
03

400129679604

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

**323 Sandpiper Ln**

Suite, Apt. #, etc.

3. Mailing Office Address

**323 Sandpiper Ln**

Suite, Apt. #, etc.

City &amp; State

**Delray Beach, FL**

City &amp; State

**Delray Beach, FL**

Zip

**33483**

Country

**USA**

Zip

**33483**

Country

**USA**

4. State/Country of Formation

**Florida, USA**5. Date Organized or Qualified  
To Do Business in Florida**8/19/02**

6. FFI Number

Applied For

☒ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required  
for a Certificate of Status

## 8. Name and Address of Current Registered Agent

Name

**Timothy J. Fullum**

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

**7550 Bayside Ln**

Suite, Apt. #, etc.

City

**Miami Beach**

State

**FL**

Zip Code

**33141**☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of  
Registered Agent

Date

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
Mgrm	<b>Kathleen A. Guagliardi</b>	<b>323 Sandpiper Ln</b>	<b>Delray Bch FL 33483</b>

**REINSTATEMENT 2003-2008**

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.406, 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/ManagerDate: **5.15.08** Daytime Phone # **561.891.9124**

Typed or printed name of signing Managing Member/Manager

**Kathleen A. Guagliardi**



# L020000021157

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 573628 7649744

AUTHORIZATION :

COST LIMIT : \$ UP TO 900.00

ORDER DATE : May 16, 2008

932.50

ORDER TIME : 8:52 AM

ORDER NO. : 573628-005

CUSTOMER NO: 7649744

DOMESTIC FILINGS

NAME: EAST SIDE REALTY, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace - Ext# 2928

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
08 MAY 16 AM 10:56  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

FILED  
08 MAY 16 PM 3:15  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE