

L02000025978

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T-738 P.004/004 F-742

H030003029123

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

03 OCT 23 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000025978

Name and Mailing Address

0005345 01 AT 0.292 **AUTO T1 0 0615 33065-508300

RIVERBEND CORPORATE PARK OF FORT LAUDERDALE, LLC

2900 UNIVERSITY DRIVE

CORAL SPRINGS FL 33065-5083

REINSTATEMENT 2003



2. New Mailing Address 2900 University Drive		4. State/Country of Formation FL	
City, State, Zip Coral Springs, FL 33065		5. Date Organized or Qualified To Do Business in Florida 10/03/2002	
Principal Place of Business 2900 UNIVERSITY DRIVE CORAL SPRINGS FL 33065		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
3. New Principal Place of Business Address City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent COLE, JAMES O 200 EAST BROWARD BLVD. 15TH FLOOR FORT LAUDERDALE FL 33301		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 10-23-03 REGISTERED AGENT MUST SIGN			
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
	MGR BROWARD BARRON, INC.	2900 University Dr.	Coral Springs, FL 33065
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 10-23-03 Daytime Phone 954-527-6229 Typed or printed name of signing Managing Member/Manager James O. Cole, Authorized Representative of The Members H030003029123			

2064

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954) 527-2428
Fax Number : (954) 764-4996

LIMITED LIABILITY REINSTATEMENT

RIVERBEND CORPORATE PARK OF FORT LAUDERDALE, LLC

Certificate of Status	1
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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 23, 2003

RIVERBEND CORPORATE PARK OF FORT LAUDERDALE, LLC
2900 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

SUBJECT: RIVERBEND CORPORATE PARK OF FORT LAUDERDALE, LLC
REF: L02000025978

RECEIVED
03 OCT 24 AM 7:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

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