




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 APR 27 AM 8:45	
DOCUMENT # <b>L02000029231</b>					
1. Limited Liability Company's Name <b>HARBORSIDE INVESTMENTS, LLC</b>					
2. Principal Office Address <b>209 TOWN CENTER BLVD</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>209 TOWN CENTER BLVD</b> Suite, Apt. #, etc.		4. State/Country of Formation <b>FLORIDA / USA</b>	
City & State <b>DAVENPORT, FL</b>		City & State <b>DAVENPORT, FL</b>		5. Date Organized or Qualified To Do Business in Florida <b>11/01/2002</b>	
Zip <b>33896</b>	Country <b>USA</b>	Zip <b>33896</b>	Country <b>USA</b>	6. FEI Number <b>54-2082123</b>	Applied For <input type="checkbox"/> Not Applied <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$5.00 Additional Fee for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name <b>JOHN H. MARLING</b> <b>504105901227</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>209 TOWN CENTER BLVD</b> <b>02/09/04 90220 040</b>					
Suite, Apt. #, Etc. <b>\$5500</b>					
City <b>DAVENPORT</b>				State <b>FL</b>	Zip Code <b>33896</b>
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 <b>3/25/04</b>	
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	
MEMM	<b>JOHN H. MARLING</b>	<b>209 TOWN CENTER BLVD</b>		<b>DAVENPORT, FL 33896</b>	
MEMBER	<b>HEIDI J. MARLING</b>	<b>209 TOWN CENTER BLVD</b>		<b>DAVENPORT, FL 33896</b>	
MEMBER	<b>JAMES S. CARR</b>	<b>209 TOWN CENTER BLVD</b>		<b>DAVENPORT, FL 33896</b>	
<b>REINSTATEMENT</b> <b>03-04-05</b> <b>dec</b>					
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 <b>2/14/04</b> Daytime Phone # <b>863-424-5536</b>	
Typed or printed name of signing Managing Member/Manager					