

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 APR -3 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** L02000034938

**1. Limited Liability Company's Name**

Midway River House, LLC

CR2E041 (8/05)

4/3

**2. Principal Office Address**

1355 W. Palmetto Park Rd.

Suite, Apt. #, etc.

#260

City & State

Boca Raton, FL

Zip

33486

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

12/27/2002

**6. FEI Number**

870714542

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

Jeffrey D. Kune

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

1355 W. Palmetto Park Rd.

Suite, Apt. #, Etc.

#260

City

Boca Raton,

State

FL

Zip Code

33486

**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

*See Signature below*

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
MGR	Jeffery D. Kune	1355 W. Palmetto Park Rd., #260	Boca Raton, FL 33486
MGR	Bruce Sallah	2001 N.W. 25th Street	Boca Raton, FL 33431

**REINSTATEMENT** 2004-2005  
2006

**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

2/21/06

Daytime Phone #

561 350 4344

Typed or printed name of signing Managing Member/Manager

Jeffrey D. Kune