

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
DEC -4 PM 5:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000034938

Name and Mailing Address

0012971 01 AT 0.292 **AUTO T7 0 0615 33486-333099

MIDWAY RIVER HOUSE, LLC
1355 WEST PALMETTO PARK ROAD, #260
BOCA RATON FL 33486-3330



BK
M

CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 12/27/2002

Principal Place of Business

1355 WEST PALMETTO PARK ROAD, #260
BOCA RATON FL 33486

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

87-0714542

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

TIERNEY, J. STEPHEN III
311 SOUTH SECOND STREET
FORT PIERCE FL 34950

9. Name and Address of New Registered Agent

Name *JEFFREY D. KUNE*

Street Address (P.O. Box Number is Not Acceptable)
1355 W. PALMETTO PARK RD #260

City *BOCA RATON*

FL

Zip Code *33486*

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

[Signature] **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date *12/1/03*

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	KUNE, JEFF	1355 WEST PALMETTO PARK ROAD, #260	BOCA RATON FL 33486
MGR	GALLAN, BRUCE	2801 N.W. 25TH STREET	BOCA RATON FL 33437

000025390390
12/10/03-01044-023 **150.00

REINSTATEMENT 2003

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

[Signature] **SIGNATURE REQUIRED**

Date *12/1/03*

Daytime Phone # *561-702 8262*

Typed or printed name of signing Managing Member/Manager

JEFFREY D. KUNE