


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**09 NOV - 6 AM 11:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**DOCUMENT # L03000013118**

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

**3711 OCEAN SOUTH-3, LLC**

08

CR2E041 (10/08)

<b>2. Principal Office Address - No P.O. Box #</b> 3711 So. Ocean Boulevard, Unit 3		<b>3. Mailing Office Address</b> 15 Mullen Roan	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Highland Beach, FL		City & State Enfield, CT	
Zip 33487	Country USA	Zip 06082	Country USA

<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b>	
<b>6. FEI Number</b> 061063666	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

**8. Name and Address of Current Registered Agent**

Name  
**Edward B Cohen, Esq**

Street Address (P.O. Box Number is Not Acceptable)  
**54 SW Boca Raton Boulevard**

Suite, Apt. #, Etc.

City  
**Boca Raton**

State  
**FL**

Zip Code  
**33432**

☐ 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 608, F.S.**

Signature of  
Registered Agent

*[Signature]*

Date

11/5/09

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	GF&G REALTY, LLC	15 MULLEN ROAD	ENFIELD, CT 06082
MGR	FRANK ANTONACCI	15 MULLEN ROAD	ENFIELD, CT 06082
MGR	GERALD ANTONACCI	15 MULLEN ROAD	ENFIELD, CT 06082

**REINSTATEMENT 2008-2009** *up. 11/12/09*

11-06-09-01045-017 \*\*516.25

**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

*[Signature]*

Date

11-4-09

Daytime Phone #

860-746-3200

Typed or printed name of signing Managing Member/Manager

Gerald Antonacci