PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIAB COMPAN REINSTATEM	VY A	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILED 2013 OCT -3 AM 10: 06	
DOCUMENT # L03000024868 1. Limited Liability Company's Name H.E. PORTSIDE PARTNERS LLC 1850 SE 17TH STREET SUITE 108 FT. LAUDERDALE, FL 33316					TZ	SECRE IARY OF STATE ALLAHASSEE, FLORIDA
2. Principal Office Addre		3. Mailing Office Add		STREET	4. State/Country of Formation	
Suite, Apt. #, etc. SUITE 108	1	Suite, Apt. #, etc. SUITE 108	J		FLORIDA/ 5. Date Organ To Do Buşir	/US nized or Qualified o7/09/2003
City & State FT. LAUDER Zip	RDALE, FL	City & State FT. LAUDE		ALE, FL	6. FEI Numbe	8 Not Applicable
33316	US	33316	U	·	7. CERTIFICATE	\$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent Name MARK ELLERT Street Address (P.O. Box Number is Not Acceptable) 1850 SE 17TH STREET Suite, Apt. #. Etc. 108					E-mail Address: 000252369440 10/03/1301033008 **516.25 MHELLERT@IAGFLORIDA.COM	
City FT. LAUDERD				L 33316	(To be	e used for future annual report notices)
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and Signature of Registered Agent REGISTERED AGENT MUST SIGN					accept the obligat	tions of Chapter 608, F.S. Date 42913
10. Names and Street	et Addresses of Managing Mem	nbers/Managers				
Titles	Name of Managing Members/ Managers			Street Address of Each Managing Member/ Manag		City / State / Z ₁ p
MGR M	MARK ELLER	₹T 185	50 SE 17TH STREET #108 FT. LA			FT. LAUDERDALE, FL 33316
	REINSTATEMENT 2011-2013					S. HAWKES 0CT 4 - 2013 EXAMINER
11. I certify that I am m	anaging member/manager or	the receiver or trustee	empower	red to execute this applic	cation as provided	of for in Chapter 608, F.S. I further certify that when filing 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signing Managing Member/Manager

Signature of Managing Member/Manager _____