

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FILED

2013 OCT -3 AM 10: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000024868

H.E. PORTSIDE PARTNERS LLC
1850 SE 17TH STREET SUITE 108
FT. LAUDERDALE, FL 33316

2. Principal Office Address - No P.O. Box #
1850 SE 17TH STREET

SUITE 108

City & State
FT. LAUDERDALE, FL

Zip	Country
33316	US

1850 SE 17TH STREET

SUITE 108

City & State
FT. LAUDERDALE, FL

Zip	Country
33316	US

FLORIDA/US

5. Date Organized or Qualified To Do Business in Florida 07/09/2003

06-1700748

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **\$5.00 Additional Fee required for a Certificate of Status**

MARK ELLERT

1850 SE 17TH STREET

108

City
FT. LAUDERDALE

State	Zip Code
FL	33316

000252369440
10/03/13--01033--008 **516.25

MHELLERT@IAGFLORIDA.COM

(To be used for future annual report notices)

Signature of

Registered Agent

Date _____

REGISTERED AGENT MUST SIGN

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	MARK FLERT	1850 SE 17TH STREET #108	FT. LAUDERDALE, FL 33316

REINSTATEMENT

2011-2013

S. HAWKES

~~OCT 4 - 2013~~

EXAMINER

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 608.408, 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.

Signature of Managing Member/Manager _____

-Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager