

## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L03000050088</b>					
<b>1. Entity Name</b> WEATHERSIDE, LLC					
<b>Principal Place of Business</b> 525 56TH STREET HOLMES BEACH, FL 34217			<b>Mailing Address</b> 525 56TH STREET HOLMES BEACH, FL 34217		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	09192007    REIN-LLC    CR2E101 (1/07)	
<b>4. FEI Number</b> NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GEERAERTS, TED 525 56TH STREET HOLMES BEACH, FL 34217			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE		DATE <u>9/18/07</u>		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2008, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEERAERTS, TED 525 56TH STREET HOLMES BEACH, FL 34217	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
600110059436 09/28/07--01050--012    **50.00		(Stamp: REINSTATED)			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b>			Date <u>09/18/07</u> Daytime Phone # <u>941-792-8384</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					