

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

08 AUG -5 AM 8:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

500132473465
07/08/08--01020--013 **100.00

CR2E041 (12/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L03--53103
1. Limited Liability Company's Name
Westshore Asset Management, LLC

2. Principal Office Address - No P.O. Box # <u>5002 W. WATERS AVE.</u>		3. Mailing Office Address <u>Same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Tampa, FL</u>		City & State <u>Same</u>	
Zip <u>33634</u>	Country <u>HILLSBOROUGH</u>	Zip <u>Same</u>	Country <u>Same</u>

4. State/Country of Formation <u>FL / Hillsborough</u>	
5. Date Organized or Qualified To Do Business in Florida <u>12/15/03</u>	
6. FEI Number <u>550855510</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <u>DAVID H. JARVIS</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>5002 W. WATERS AVE.</u>			
Suite, Apt. #, Etc.			
City <u>Tampa</u>	State <u>FL</u>	Zip Code <u>33634</u>	

☐ 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.

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08/05/08--01027--003 **138.75

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 David H. Jarvis
REGISTERED AGENT MUST SIGN

Date 7/7/2008

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
<u>MGR</u>	<u>Richard A. Frueh</u>	<u>5002 W. WATERS AVE</u>	<u>Tampa, FL 33634</u>
<u>MGR</u>	<u>Donald J. Gunn</u>	<u>5002 W. WATERS AVE</u>	<u>Tampa, FL 33634</u>
<u>MGR</u>	<u>James J. DiCesaro</u>	<u>5002 W. WATERS AVE</u>	<u>Tampa, FL 33634</u>

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07/08/08--01020--014 **416.25

REINSTATEMENT 2005-2008

L. SELLERS

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 Richard A. Frueh

Date 7/7/08

Daytime Phone # 813 282 0508

Typed or printed name of signing Managing Member/Manager Richard A. Frueh

AUG 8 2008
EXAMINER