

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 MAY -5 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

**DOCUMENT # L04000000839**

1. Limited Liability Company's Name

Waterside Inn, LLC

2. Principal Office Address - No P.O. Box #

3033 West Gulf Drive

Suite, Apt. #, etc.

City & State

Sanibel, FL

Zip

33957

Country

USA

3. Mailing Office Address

3033 West Gulf Drive

Suite, Apt. #, etc.

City & State

Sanibel, FL

Zip

33957

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 12/23/03

6. FEI Number

81-0139826

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Bert L. Jenks

Street Address (P.O. Box Number is Not Acceptable)

3033 West Gulf Drive

Suite, Apt. #, Etc.

City

Sanibel

State

FL

Zip Code

33957

☐ 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

*Bert L. Jenks*

REGISTERED AGENT MUST SIGN

Date

4/22/08

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	Bert L. Jenks	3033 West Gulf Drive	Sanibel, FL 33957

REINSTATEMENT 05-08

CWS

000125577990  
04/24/08--01037--022 \*\*\$65.00

000125577990  
04/24/08--01037--023 \*\*\$5.00

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

*Bert L. Jenks*

Date

4/22/08

Daytime Phone # 239-472-1345

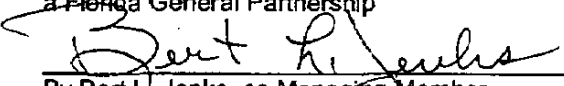
Typed or printed name of signing Managing Member/Manager

Bert L. Jenks

**CONSENT TO USE OF SAME NAME**

Waterside Inn, LLC, a Florida limited liability company, assigned document number L04000037576, after conversion with Bert L. Jenks, Joan L. Jenks, Charles E. Jenks, and Dustine F. Jenks Partnership, a Florida General Partnership, hereby consents to Waterside Inn, LLC, a Florida limited liability company, assigned document number L04000000839, after conversion with Plantation View Shopping Center, a Florida General Partnership, using the same name (Waterside Inn, LLC).

Waterside Inn, LLC, a Florida limited liability company,  
assigned document number L04000037576,  
after conversion with Bert L. Jenks, Joan L. Jenks, Charles E. Jenks,  
and Dustine F. Jenks Partnership,  
a Florida General Partnership

  
By Bert L. Jenks, as Managing Member  
of Waterside, Inn, LLC, assigned document number L04000037576

Date: 5/2/08