

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2007 MAR 27 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000085913
1. Limited Liability Company's Name

Unit 2502 Towers of Channelside, LLC

2. Principal Office Address 2245 Donato Drive Suite, Apt. #, etc.		3. Mailing Office Address 2245 Donato Drive Suite, Apt. #, etc.	
City & State Belleair Beach, Fl		City & State Belleair Beach, Fl	
Zip 33786	Country USA	Zip 33786	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 11/29/04	
6. FEI Number	Applied For <input checked="" 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
Thomas J. Smith

Street Address (P.O. Box Number is Not Acceptable)
2245 Donato Drive

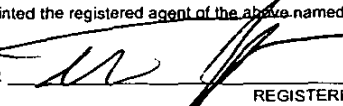
Suite, Apt. #, Etc.

City
Belleair Beach

State
FL

Zip Code
33786

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  Date 3/20/07

REGISTERED AGENT MUST SIGN

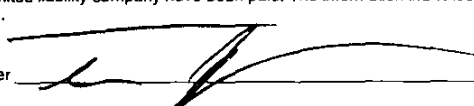
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Thomas J. Smith	2245 Donato Drive	Belleair Beach, Fl 33786

04/14/07-01026-017 **250.00

REINSTATEMENT 05-07

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  Date 3/20/07 Daytime Phone (727) 244-1479

Typed or printed name of signing Managing Member/Manager Thomas J. Smith