

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 600045993086

1. Limited Liability Company's Name LOS-11538

South Padre Group II LLC

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

1001 EAST DARBY ROAD

Suite, Apt. #, etc.

City & State

HAVERTOWN, PA

Zip

19083

Country

USA

3. Mailing Office Address

BOX F

Suite, Apt. #, etc.

City & State

HAVERTOWN, PA

Zip

19083

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

2005

6. FEI Number

36-4634866

☒ 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

PATRICIA AFTOORA

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

1211 CREEK VIEW WAY

Suite, Apt. #, Etc.

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082

☒ 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

Patricia Aftoora
REGISTERED AGENT MUST SIGN

Date **7/3/2008**

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
Mr.	JOHN G. PINTO	1001 EAST DARBY ROAD	HAVERTOWN, PA 19083

REINSTATEMENT 07-08
AL

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

John G. Pinto

Date **6/18/08**

Daytime Phone # **610 789-3015**

Typed or printed name of signing Managing Member/Manager

John G. Pinto