

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

10 MAR -9 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LOS00012054**

1. Limited Liability Company's Name

MARINA PARK NORTH, L.L.C.

400171548464
03/08/10--01083--020 **660.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 230 Fairmount Ave		3. Mailing Office Address 230 Fairmount Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hyde Park, MA		City & State Hyde Park, MA	
Zip 02136	Country USA	Zip 02136	Country US

4. State/Country of Formation FLORIDA, US	
5. Date Organized or Qualified To Do Business in Florida 2/4/2005	
6. FEI Number EIN 202280132	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Robert DiModica		
Street Address (P.O. Box Number is Not Acceptable) 28741 S. DIESEL DRIVE		
Suite, Apt. #, Etc.		
City Bonita Springs	State FL	Zip Code 34135

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 *[Signature]* Date **3/3/10**
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Joseph R Watson	230 Fairmount Ave	Hyde Park, MA. 02136

11. E-mail Address: **JosephRWatson @ HotMail.com**
(To be used for future annual report notifications)

12. 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 *Joseph R. Watson* Date **3/3/10** Daytime Phone # **617 501 1880**
Typed or printed name of signing Managing Member/Manager _____