

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY 21 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400181158954
05/20/10--01043--009 **555.00
CR2E041 (10/08)

DOCUMENT # L05-23089

1. Limited Liability Company's Name

Riverfront Resort, LLC

2. Principal Office Address - No P.O. Box #
1245 Lake Trace Cove

Suite, Apt. #, etc.

City & State
Hoover, Alabama

Zip
35244

Country
Jefferson

3. Mailing Office Address
1245 Lake Trace Cove

Suite, Apt. #, etc.

City & State
Hoover, Alabama

Zip
35244

Country
Jefferson

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida March 7, 2005

6. FEI Number
11-3757548

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
Jonathan H. Goodman, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1377 Cassat Avenue

Suite, Apt. # Etc.

City
Jacksonville,

State
FL

Zip Code
32205

☒ 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.

(moved from Kansas)
2008

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

Jonathan H. Goodman
REGISTERED AGENT MUST SIGN

Date 1/26/10

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	Albert M. Bedran	1245 Lake Trace Cove	Hoover, AL 35244
MGRM	Wendy L. Bedran	1245 Lake Trace Cove	Hoover, AL 35244
MGRM	Kyle A. Bedran	1245 Lake Trace Cove	Hoover AL 35244
MGRM	Corey M. Bedran	1245 Lake Trace Cove	Hoover, AL 35244
			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

Albert M. Bedran
Wendy Bedran

Date 4/21/10

Daytime Phone # 630-697-1160

Typed or printed name of signing Managing Member/Manager - ALBERT M. Bedran / Wendy L. Bedran