

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 10 AM 8:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000031071

1. Limited Liability Company's Name

Westside Plaza LLC

CR2E041 (10/08)

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

3613 DelPrado Blvd

3. Mailing Office Address

P O Box 101526

Suite, Apt. #, etc.

Suite A, second Floor

Suite, Apt. #, etc.

City & State

City & State

Cape Coral, FL

Cape Coral, FL

Zip

33904

Country

USA

Zip

33910-1526

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 2005

6. FEI Number

20-2695607

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

Stephen W Haywood

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

3613 DelPrado Blvd

Suite, Apt. #, Etc.

Suite A, Second Floor

City

Cape Coral

State

FL

Zip Code

33904

☒ 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

REGISTERED AGENT MUST SIGN

Date 1/30/09

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	Stephen W. Haywood	3613 DelPrado Blvd, 2nd Fl, Ste A	Cape Coral, FL 33904
Mem	David Lageschulte	4329 Cleveland Avenue	Fort Myers, FL 33901
	L. SELLERS		2/24/09 01041/018 \$555.00
	MAR 11 2009		
	EXAMINER		600144308096 REINSTATEMENT 2006-09 JB

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

1/30/09

Daytime Phone #

239 945 1949

Typed or printed name of signing Managing Member/Manager

Stephen W. Haywood