

LO5000040172

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000040172**

1. Limited Liability Company's Name

PLaza-By-The-Sea, LLC 9/15/06

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

2325 NE 20 St.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Ft. Laud., FL

City & State

same

Zip

Country

33305

USA

Zip

Country

same

same

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

4/25/05

6. FEI Number

59-3803953

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

Spiegel + Utrera, PA

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

1840 SW 22 Street

Suite, Apt. #, Etc.

4th Floor

City

miami

State

FL

Zip Code

33145

☒ 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] **vice president**

Date **3/13/09**

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	William J. Igoo	2325 NE 20 St.	Ft. Laud., FL 33305
MGRM	Theresa J. Littlefield	2325 NE 20 St.	Ft. Laud., FL 33305
REINSTATEMENT Without			
up 4/16/09 Penalty 2006-2009 \$55.			

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

[Signature] **Theresa Littlefield**

Date **3/10/09**

Daytime Phone **(954) 561-2820**

Typed or printed name of signing Managing Member/Manager

Theresa Littlefield