

LO5000040172

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -6 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300146159313
04/13/09--01005--010 **138.75

CR2E041 (10/08)

DOCUMENT # LO5000040172

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

33305

Country

USA

Zip

same

Country

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

REGISTERED AGENT MUST SIGN

Date 3/13/09

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
<u>MGRM</u>	<u>William J. Igoe</u>	<u>2325 NE 20 St.</u>	<u>Ft. Laud., FL 33305</u>
<u>MGRM</u>	<u>Theresa J. Littlefield</u>	<u>2325 NE 20 St.</u>	<u>Ft. Laud., FL 33305</u>

300146159313
03/18/09--01038--005 **416.25

REINSTATEMENT

without
penalty 2006-2009

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

Theresa Littlefield

Date 3/10/09

Daytime Phone (954) 561-2820

Typed or printed name of signing Managing Member/Manager

Theresa Littlefield