


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAR 11 PM 1:54

**DOCUMENT # L05000046149**

1. Limited Liability Company's Name

Water's Edge R E Group LLC

CR2E041 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 3123 John's Parkway Suite, Apt. #, etc. City & State Clearwater, Fla Zip 33759		<b>3. Mailing Office Address</b> Suite, Apt. #, etc. City & State Zip Country	
Country USA		Country	

<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b> May 2005	
<b>6. FEI Number</b> 26-2134435	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

Name  
Michael M. Enright

Street Address (P.O. Box Number is Not Acceptable)  
3123 John's Parkway

Suite, Apt. #, Etc.

City  
Clearwater,

State  
FL

Zip Code  
33759

☐ 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 *Michael M. Enright* Date 03-10-08  
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
MEM	Ray Lalli Jr.	3123 John's Parkway, Managing Mem	Clearwater, Fla 33759
MEM	5910 31 St. Holding Trust	3123 John's Parkway, Managing Mem	Clearwater, Fla 33759
<b>REINSTATEMENT</b> 03/11/08 - 01032-004 **525.21 06-08			

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 *Frances A. Jackson* Date 3/10/08 Daytime Phone # 727-452 3959  
Typed or printed name of Signing Managing Member/Manager Frances A. Jackson, VP