

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

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DOCUMENT # **LB5000062931**

1. Limited Liability Company's Name

Washington Boulevard, LLC

200081905042
11/17/06--01046--004 **150.00
CR2E041 (8/05)

2. Principal Office Address 1900 Ringling Boulevard Suite, Apt. #, etc. City & State Sarasota, FL Zip 34236		3. Mailing Office Address 1900 Ringling Boulevard Suite, Apt. #, etc. City & State Sarasota, FL Zip 34236	
Country USA		Country USA	

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida June 17, 2005	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name M. Jay Lancer		
Street Address (P.O. Box Number is Not Acceptable) 1900 Ringling Boulevard		
Suite, Apt. #, Etc.		
City Sarasota	State FL	Zip Code 34236

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 _____ Date **11-14-06**
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	M. Jay Lancer	1900 Ringling Boulevard	Sarasota, FL 34236

REINSTATEMENT 2006

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 **11-14-06** Daytime Phone # **941-953-3000**

Typed or printed name of signing Managing Member/Manager **M. Jay Lancer**