

Division of Corporations

LO7000024023

Florida Department of State
Division of Corporations
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L. SELLERS
AUG -8 2011
EXAMINER

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
CENTRAL PARKWAY DEVELOPMENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$516.25

RECEIVED
11 AUG -2 PM 1:16
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
PAUL KHAZDSE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000024023

1. Limited Liability Company's Name
Central Parkway Development LLC

2. Principal Office Address - No P.O. Box # 11801 Central Parkway		3. Mailing Office Address P.O. Box 1911	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32224	Country U.S.A.	Zip 3224	Country U.S.A.

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 03/02/2007

6. FEI Number 300423843	Applied For <input type="checkbox"/> Not Applicable
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7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status.

CR2E041 (1/71)

8. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City Plantation	State FL	Zip Code 33324
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E-mail Address:
philip@globalissue.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Connie Bryan Assistant Secretary Date 7/25/2011

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Member/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Philip Shaoul	7 Stoner Avenue	Great Neck, N.Y. 11023
MGRM	Euseb Bloughave	48 Warwick Road	Great Neck, N.Y. 11023

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 search 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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager [Signature] Date 7/25/11 Daytime Phone # 631-419-1300

Typed or printed name of signing Managing Member/Manager Philip Shaoul