

L07000024023

Florida Department of State
Division of Corporations
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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	\$238.75

FILED
2012 NOV 26 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help J. BRYAN

NOV 27 2012

EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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 TALLAHASSEE, FLORIDA

DOCUMENT # L07000024023

1. Limited Liability Company's Name
CENTRAL PARKWAY DEVELOPMENT LLC

2. Principal Office Address - No P.O. Box #
11801 Central Parkway

Suite, Apt. #, etc.

City & State
Jacksonville, FLA

Zip
32224

Country
USA

3. Mailing Office Address
11801 Central Parkway

Suite, Apt. #, etc.

City & State
Jacksonville, FLA

Zip
32224

Country
USA

4. State/Country of Formation
Florida/USA

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

6. PEI Number
300423843

Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED So (1) Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

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

Suite, Apt. #, Etc.

City
Plantation

State Zip Code
FL 33324

E-mail Address:

dpasettiner@jaspanllp.com

(To be used for future annual report notices)

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]
Bonnie Ortega
Assistant Secretary

Date **11/ /12**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing member	Philip Shaoul	7 Stoner Avenue	Great Neck, New York 11021
Managing member	Ehsan Elnaghve	48 Warwick Road	Great Neck, New York 11023
Managing member	Froydoun Elnaghve	384 East Shore Road	Kings Point, New York 11024

REINSTATEMENT 2012

11. I certify that I am managing member/manager of 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 terminated, 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. I am aware that false information submitted in accordance 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]
Philip Shaoul

Date **11/26/12**

Daytime Phone **(631) 419-1300**

Typed or printed name of Signing Managing Member/Manager