

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L08000079269

1. Limited Liability Company's Name

Gulf Blvd, LLC

2. Principal Office Address - No P.O. Box #  
2106 W. Addison

Suite, Apt. #, etc.

City & State

Chicago, IL

Zip

60618

Country

USA

3. Mailing Office Address

30 S. Wacker Dr.

Suite, Apt. #, etc.

Suite 2600

City & State

Chicago, IL

Zip

60606

Country

USA

8. Name and Address of Current Registered Agent

Name UCC Filing & Search Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1574 Village Square Blvd.

Suite, Apt. #, Etc.

Suite 100

City

Tallahassee

State

FL

Zip Code

32309

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 08/20/2008

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional fee required  
for a Certificate of Status

E-mail Address:

OC2106@GMAIL.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

*Ed Han*

REGISTERED AGENT MUST SIGN

Date

8/9/11

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
MGR	Colette O'Connor	2106 W. Addison	Chicago, IL 60618

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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. 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

*Colette O'Connor*

Date

8/3/11

Daytime Phone # 773-619-3944

Typed or printed name of signing Managing Member/Manager

Colette O'Connor, Manager

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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