

**Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : M. BURR KEIM COMPANY
Account Number : J19990000242
Phone : (215) 563-8113
Fax Number : (215) 977-9386

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

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**LIMITED LIABILITY REINSTATEMENT
GULFVIEW 404, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$377.50

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13 MAR 27 AM 10:55
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TALLAHASSEE, FLORIDA

MAR 27 2013

R. HUNT

03/27/2013 10:53 FAX 215 977 9386

M BURR KEIM CO

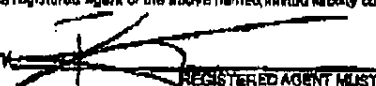
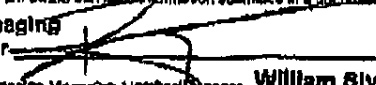
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DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

13 MAR 27 PM 1:18

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L11000037077</u>			
1. Limited Liability Company's Name GULFVIEW 404, LLC			
2. Principal Office Address - No P.O. Box # 530 Gulfview Blvd.		3. Mailing Office Address 530 Gulfview Blvd.	
Suite, Apt. #, etc. Unit 403		Suite, Apt. #, etc. Unit 403	
City & State Clearwater Beach, FL		City & State Clearwater Beach, FL	
Zip 33767	Country USA	Zip 33767	Country USA
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 03/28/11	
6. PEI Number		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Annual and Franchise Fee for a Certificate of Status			
8. Name and Address of Current Registered Agent		E-mail Address:	
Name William Siveter			
Street Address (P.O. Box Number is Not Acceptable) 530 Gulfview Blvd.			
Suite, Apt. #, etc. Unit 403			
City Clearwater Beach	State FL	Zip Code 33767	(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 		Date 2-1-13	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City/State/Zip
MGRM	William Siveter	530 Gulfview Boulevard, Unit 403	Clearwater Beach, FL 33767
REINSTATEMENT			
MAR 27 2013			
R. HUNT			
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 		Date 2-1-13 Daytime Phone # 2679711600E	
Typed or printed name of signing Managing Member/Manager William Siveter, Managing Member			

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