Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000050526 3)))

H13000050526ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
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.

Email Address: _____

RECEIVED
13 MAR 27 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
GULFVIEW 404, LLC

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

MAR 27 2013
R. HUNT

Electronic Filing Menu Corporate Filing Menu Help

(((H13000050526 3)))

FILED
SECRETARY OF STATE
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 # L11000037077

1. Limited Liability Company's Name
GULFVIEW 404, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
530 Gulfview Blvd.		530 Gulfview Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Unit 403		Unit 403	
City & State		City & State	
Clearwater Beach, FL		Clearwater Beach, FL	
Zip	Country	Zip	Country
33767	USA	33767	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 03/28/11

6. FEI Number: Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

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

E-mail Address: _____ (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: 3-1-13
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	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 608.508, 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: 3-1-13 Daytime Phone #: 2679118008

Typed or printed name of signing Managing Member/Manager: William Siveter, Managing Member