

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2021 APR -7 PH 3:35

SECRETARY OF STATE
TALLAHASSEE, FL

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05/14/21--01002--002 **377.50

DOCUMENT # L15000102028

1. Limited Liability Company's Name
GULF HARBOUR DEVELOPMENT LLC

2. Principal Office Address - No P.O. Box # 12901 MCGREGOR BLVD		3. Mailing Office Address 12901 MCGREGOR BLVD	
Suite, Apt. #, etc. SUITE 20-224		Suite, Apt. #, etc. SUITE 20-224	
City & State FORT MYERS, FL		City & State FORT MYERS, FL	
Zip 33919	Country US	Zip 33919	Country US

CR2E041 (1/14)

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 06/11/2015	
6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name HOWARD FREIDIN			
Street Address (P.O. Box Number is Not Acceptable) Suite, 2245 MCGREGOR BLVD			
Apt. #, Etc.			
City FORT MYERS	State FL	Zip Code 33901	

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Howard Freidin Date 4/7/21
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AMBR	STEPHEN W. MILLER	12901 MCGREGOR BLVD., STE 20-224	FORT MYERS, FL 33919
AMBR	STEPHEN G. MILLER	12901 MCGREGOR BLVD., STE 20-224	FORT MYERS, FL 33191

11. E-mail Address: Howard@filegal.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member Stephen W. Miller Date 4/7/21 Daytime Phone # _____
Typed or printed name of signing authorized representative/member STEPHEN W. MILLER