

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Morganham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAR 22 AM 8:37

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address
of Limited Liability Company

DOCUMENT # L97000000236

Guiden palms Enterprises, LLC
4940 E. Busch Blvd
Tampa, FL 33617

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2 Principal Place of Business

4940 E. Busch Blvd

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33617

Country

Hillsborough

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1a. Principal Place of Business Address

4940 E. Busch Blvd
Tampa, FL
33617

3. Date Organized or Qualified

1997

4. FEI Number

59-3434512

3a. State of Formation

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Tyseer M. Kurdi
5414 Riverhills Dr.
Temple Terrace, FL
33617

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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

T. Kurdi

Date 3/8/99

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

G.P.
General
partner

Tyseer M. Kurdi

4940 E. Busch Blvd

Tampa, FL
33617

STANDARD REGISTRATION - 2
-03/25/99-01100-001
***996,25 ***38625

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.

Signature of
Managing Member/Manager

T. Kurdi

Date

3/8/99

Daytime Phone #

813-555-0658

Typed or printed name of signing Managing Member/Manager

Tyseer M. Kurdi