

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 10 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98-1878

1. Limited Liability Company's Name

Turnberry Bayshore L.C.

2. Principal Office Address

3. Mailing Office Address

6710 Main Street

6710 Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 233

Suite 233

City & State

City & State

Miami Lakes, FL

Miami Lakes, FL

Zip

Country

Zip

Country

33014

USA

33014

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-0865297

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

Jay Fertig c/o Bayshore Land Group

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

6710 Main Street

Suite, Apt. #, Etc.

Suite 233

City

Miami Lakes

000003554220-8

-01/18/01-01074-008

****205.00 ****205.00

State

FL

Zip Code

33014

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 12/27/2000

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	Bayshore Land Group	6710 Main Street	Miami Lakes, FL 33014
MGRM	Soffer Nations	19501 Biscayne Blvd. Suite 400	Aventura, FL 33180

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

Date 12/27/2000

Daytime Phone # 305-512-8001

Typed or printed name of Signing Managing Member/Manager

Jay Fertig