


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

08 NOV 12 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L99000001239 +

1. Limited Liability Company's Name

Delray Estuary, L.C. 9/16/05 +

2. Principal Office Address - No P.O. Box # 333 N.E. 2nd Street Suite, Apt. #, etc.		3. Mailing Office Address 333 N.E. 2nd Street Suite, Apt. #, etc.	
City & State Delray Beach, FL		City & State Delray Beach, FL	
Zip 33483	Country USA	Zip 33483	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 03/04/1999

6. FEI Number 650921448	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Lennie F. Smith

Street Address (P.O. Box Number is Not Acceptable)
333 N.E. 2nd Street

Suite, Apt. #, Etc.

City
Delray Beach

State **FL** Zip Code
33483

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 Lennie F. Smith Date 11/04/2008

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	Scott Porten	333 N.E. 2nd Street	Delray Beach, FL 33483
MGR	Nanci Porten	333 N.E. 2nd Street	Delray Beach, FL 33483
MGR	Stephen L Porten	333 N.E. 2nd Street	Delray Beach, FL 33483
400137669404 11/05/08--01027--012 **660.00 OLS REINSTATEMENT 2005-2008			

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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 Scott Porten Date 11/04/2008 Daytime Phone # (561) 819-1109

Typed or printed name of signing Managing Member/Manager Scott Porten