## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

C	ED LIAE OMPAN ISTATEN	Υ		å s	DEPART Secretary ISION OF CO	y of S			FILED V 12 ANIO: 18	
DOCUMENT # L9900001239  1. Limited Liability Company's Name  Delray Estuary, L.C.  9/16/05								9	TARY OF STATE ASSEE, FLORIDA	
· · · · · · · · · · · · · · · · · · ·					Office Address 2nd Street , etc.			CR2E041 (10/08)  4. State/Country of Formation Florida  5. Date Organized or Qualified To Do Business in Florida03/04/1999  6. FEI Number  Applied For		
Delray E Zip 33483				Delray Beach, FI Zip 33483		Count	•	7.	650921448	
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 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 pamed limited liability company, am familiar with and a Signature of Registered Agent REGISTERED AGENT MUST SIGN								Date11/04/2008		
<b>10.</b> Name	es and Street	Addresse	s of Managing Mer	mbers/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	
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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  Date 11/04/2008  Daytime Phone # (561) 819-1109  Typed or grinted name of signing Managing Member/Manager  Scott Porten										