


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 REINSTATEMENT 2000-01 01 SEP -4 PM 12:17 SECRETARY OF STATE TALLAHASSEE FLORIDA
DOCUMENT # <u>L99-1614</u>		1. Limited Liability Company's Name <u>Harborside Holdings, LLC</u> <u>9601 Collins Ave. #PH302</u> <u>Bal Harbour, FL 33154</u>		
2. Principal Office Address <u>Same</u>		3. Mailing Office Address <u>Same</u>		
Suite, Apt. #, etc.		4. State/Country of Formation <u>Florida</u>		
City & State		5. Date Organized or Qualified To Do Business in Florida <u>3/22/99</u>		
Zip	Country	6. FEI Number <u>65-0904277</u>	<input type="checkbox"/> Applied For <input checked="" 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 <u>Margaret Giventer</u>	<u>400004573174-8</u> 09/06/01 01092-087 <u>****200.00 ****200.00</u>
Street Address (P.O. Box Number is Not Acceptable) <u>9601 Collins Ave.</u>	
Suite, Apt. #, Etc. <u>#PH302</u>	
City <u>Bal Harbour</u>	State <u>FL</u>
	Zip Code <u>33154</u>

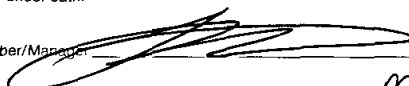
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date _____

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
Pres	Margaret Giventer	9601 Collins Ave. PH 302	Bal Harbour, FL 33154

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 8-21-01 Daytime Phone # 305-788-1055

Typed or printed name of signing Managing Member/Manager Margaret Giventer

CR2E041 (9/99)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001614

1. Entity Name
Harborside Holdings, L.L.C.

Principal Place of Business Mailing Address
9601 Collins Ave #302 Same
Bal Harbour FL
33154

2. Principal Place of Business 3. Mailing Address
9601 Collins Ave.
Suite, Apt. #, etc. Suite, Apt. #, etc.
#PH 302

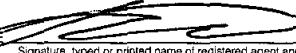
City & State City & State
Bal Harbour, FL
Zip Country Zip Country
33154 USA

DO NOT WRITE IN THIS SPACE
4. FEI Number Applied For
65-0904277 Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
Margaret Giventer
2030 South Ocean Drive #324
Hallandale, FL 33009

7. Name and Address of New Registered Agent
Name Margaret Giventer
Street Address (P.O. Box Number is Not Acceptable)
9601 Collins Ave
PH 302
City Bal Harbour FL Zip Code 33154

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  M. Giventer 7/12/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State


9. MANAGING MEMBERS/MEMBERS

TITLE	President	<input type="checkbox"/> Delete
NAME	Margaret Giventer MGRM	
STREET ADDRESS	9601 Collins Ave PH 302 MGRM	
CITY-ST-ZIP	Bal Harbour, FL 33154 MGRM	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE  M. GIVENTER 7/12/01
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083 (11/00)