

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 JUN -5 AM 8:27

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT #

99000002417

1. Limited Liability Company's Name

Sound SHORE LLC
2701 N. Ocean Blvd 17A
FT. Lauderdale, FL 33308

REINSTATEMENT

2000-
2002

2. Principal Office Address

2701 N. Ocean Blvd 17A
FT. Lauderdale FL 33308

3. Mailing Office Address

6080 Winchester Rd
Lexington KY 40509

Suite, Apt. #, etc.

17A

Suite, Apt. #, etc.

—

City & State

FT Lauderdale Florida

City & State

Lexington KY

Zip

33308

Country

USA

Zip

40509

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

April 1999

6. FEI Number

65-0917437

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

65.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Robert W. Frazier, Jr ESQ

200005763332-1

-06/12/02--01062--001

*****250.00 *****250.00

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

2400 East Commercial Blvd,

Suite, Apt. #, Etc.

286

City

FORT Lauderdale

State

FL

Zip Code

33308

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

Robert W. Frazier, Jr

REGISTERED AGENT MUST SIGN

Date 5-21-02

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
<u>MEM</u>	<u>Greg Goodrich</u>	<u>2701 N. Ocean Blvd #17A</u>	<u>FT Lauderdale FL 33308</u>
			<u>200.00 - ADM</u>
			<u>50.00 - CF</u>

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

Greg Goodrich

Date

5/30/02

Daytime Phone #

859 621 1429

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/00)