

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

00 DEC 14 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L99000008688

1. Limited Liability Company's Name

Port Development, LLC

2. Principal Office Address

1460 S. Ocean Boulevard

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33062

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 2000

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

12/10/1999

6. FEI Number

65-0967567

☒ 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

Bloom, Ashley

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

1460 South Ocean Boulevard

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33062

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***150.00 ***150.00

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

12/13/00

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
Mgr	Gross, Leonard	13020 S. Hampton Drive	Bonita Springs, FL 33923
Mgr	Halperin, Maurice	2500 N. Military Trail Suite 225	Boca Raton, FL 33431
Mgr	Bloom, Ashley	1460 S. Ocean Boulevard	Pompano Beach, FL 33062
Mgr	Minkin, Carol	4405 Woodfield Boulevard	Boca Raton, FL 33434

12-14-00

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

12/11/00

Daytime Phone #

954.786.7712

Typed or printed name of signing Managing Member/Manager