

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE

FILED

03 JAN -3 AM 10:53

1. DOCUMENT # M00000001674

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0010319 01 FP 0.352 **PRSRT H7 0 0615 33914-747824



BRADENTON BEACH DEVELOPMENT, LLC

1424 SW 53RD TERRACE

CAPE CORAL FL 33914-7479



2. New Mailing Address

903 CENTRAL AVE

City, State, Zip

Spring Lake Hts N.J. 07762

Principal Place of Business

1424 SW 53RD TERRACE
CAPE CORAL FL 33914

3. New Principal Place of Business Address

TENNIS VILLAGE # 3213

City, State, Zip

CAPTIVA, FLA. 33924

4. State/Country of Formation

CO

5. Date Organized or Qualified To Do Business in Florida

08/17/2000

6. FEI Number

84-1554817

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

CHEW, JIMMIE L
1424 SW 53RD TERRACE
CAPE CORAL FL 33914

9. Name and Address of New Registered Agent

Name

William Sepe

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

TENNIS VILLAGE # 3213 - South Shore Resort

Plantation Road

City

Captiva, Island

FL

Zip Code

33924

10. 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

REGISTERED AGENT MUST SIGN

Date 12/30/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GORMAN, GARY R	8101 E. PRENTICE AVENUE, SUITE 605	GREENWOOD VILLAGE CO 80111
MGR	William Sepe	903 CENTRAL AVE	Spring Lake Hts, N.J. 07762

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01/03/03--01058--005 **150.00

REINSTATEMENT

12. 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 12/30/02

Daytime Phone # 732-223-6114

Typed or printed name of signing Managing Member/Manager

William Sepe

CR2E084 (8/02)