

1082

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

17 MAY 30 AM 9:50

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M0100002381

1. Limited Liability Company's Name

7400 Oceanside Developers, LLC

700299873137

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 1 Fisher Island Drive Suite, Apt. #, etc.		3. Mailing Office Address 1 Fisher Island Drive Suite, Apt. #, etc.		4. State/Country of Formation Delaware	
City & State Fisher Island, FL		City & State Fisher Island, FL		5. Date Organized or Qualified To Do Business in Florida October 23, 2001	
Zip 33109	Country USA	Zip 33109	Country USA	6. FEI Number 65-1147992	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
8. Name and Address of Current Registered Agent				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <input type="checkbox"/> \$5.00 Additional Fee required (for a Certificate of Status)	

8. Name and Address of Current Registered Agent

Name
Robert Sosa

Street Address (P.O. Box Number is Not Acceptable)
1 Fisher Island Drive
Suite, Apt. #, Etc.

City
Fisher Island

State
FL

Zip Code
33109

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 5/23/17

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Auth Rep	Robert Sosa	1 Fisher Island Drive	Fisher Island, FL 33109

11. E-mail Address: RSosa@fisherisland.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date 5/23/17 Daytime Phone # 305-335-6056

Typed or printed name of signing Authorized Representative/Manager Robert Sosa

2082

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 5/30/17
ACCT. I20160000072

en: c SW

Name:	7400 OceanSide Developers
Document #:	
Order #:	10504985

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

<u>Filing:</u>	<u>Certified:</u>
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ ~~1650.25~~
\$1626.25

RECEIVED
DEPARTMENT OF STATE
17 MAY 30 AM 10:48

Thank you!