

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATION

09 DEC 29 AM 11:57

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

HARBOURSIDE I, LLC

REINSTATEMENT

2008-09 LBA

800163992738
12/28/09--01053--010 **277.50
CR20041 (1/09)

2. Principal Office Address - No P.O. Box # 7255 Progress Street		3. Mailing Office Address P.O. Box 107	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Holland, Ohio		City & State Holland, Ohio	
Zip 43528	Country USA	Zip 43528	Country USA

4. State/Country of Formation Ohio/USA	
5. Date Organized or Qualified To Do Business in Florida 4/11/07	
6. FEI Number 421654886	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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 Scott M. Grant, Esq.			
Street Address (P.O. Box Number is Not Acceptable) 3400 Tamiami Trail N.			
Suite, Apt. #, Etc. Suite 201			
City Naples	State FL	Zip Code 34103	

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date **12/22/09**

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	Gary L. Grup	7255 Progress Street	Holland, Ohio 43528

11. E-mail Address: **glgrup@aol.com**

(To be used for future annual report notifications)

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 **12/21/09**

Daytime Phone # **419.466.4307**

Typed or printed name of signing Managing Member/Manager

Gary L. Grup, Manager