

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

FILED

01 NOV 19 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** M980000001199

**1. Limited Liability Company's Name**

NORTHSHORE GP, LLC

**2. Principal Office Address**

1 FLORIDA PARK DR. S.

Suite, Apt. #, etc.

SUITE 300

City & State

PALM COAST, FL

Zip

32137

Country

**3. Mailing Office Address**

1 FLORIDA PARK DR. S.

Suite, Apt. #, etc.

SUITE 300

City & State

PALM COAST, FL

Zip

32137

Country

**4. State/Country of Formation**

G.E.O.R.G.I.A.

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

OCTOBER 16, 1998

**6. FEI Number**

59-3536403

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

C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION, FL

State

FL

Zip Code

33324

700004718187-3

-12/11/01--01026--015

\*\*\*\*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

*Mary Q Adams*

REGISTERED AGENT MUST SIGN

Date

11/16/01

**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	GINN, EDWARD R.	1 FLORIDA PARK DR. S. SUITE 300	PALM COAST, FL 32137

REINSTATEMENT

**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

*E. Ginn*

Date

10/31/01

Daytime Phone # 3.8.6.-4.4.6.-8.4.4.6

Typed or printed name of signing Managing Member/Manager E.D.W.A.R.D.-R.- G.I.N.N., I.I.I., M.g.r.

CR2E041 (9/01)