


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 JAN -4 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L01000004765

1. Limited Liability Company's Name

Kilcoyne 301 Properties, LLC

2. Principal Office Address

11780 Tampa Gateway Blvd.

Suite, Apt. #, etc.

City & State

Seffner, FL

Zip

33584

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

03/23/2001

6. FEI Number

☒ 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

Whitaker, Daniel D

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

C/O Carey, O'Malley, Whitaker & Manson, PA

Suite, Apt. #, Etc.

712 SOUTH ORGEON AVE.

City

TAMPA

State

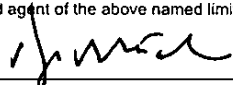
FL

Zip Code

33606

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

12/21/07

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	DAVID F KILCOYNE	11780 TAMPA GATEWAY BLVD.	SEFFNER, FL 33584

REINSTATEMENT

03-04

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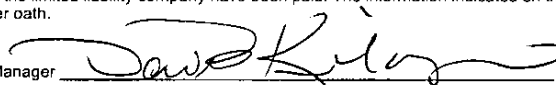
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been 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 12/27/04

Daytime Phone #

813-980-3673

Typed or printed name of signing Managing Member/Manager

DAVID F. KILCOYNE

CR2E041 (10/02)