

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAY 24 AM 8:28

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000021397

1. Limited Liability Company's Name

Opus Development, LLC

2. Principal Office Address

6130 Clark Center Ave.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34238

Country

U.S.A.

3. Mailing Office Address

6130 Clark Center Ave.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34238

Country

U.S.A.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number 80-0029249

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

Bruce P. Chapnick, Esq. ICARD, MERRILL, CULLIS, TIMM, ET AL

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

2033 Main Street

Suite, Apt. #, Etc.

Suite 600

City

Sarasota

State

FL

Zip Code

34237

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 04/07/04

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
MGRM	Bruce W. Paquette	6130 Clark Center Ave. Unit 107	Sarasota, FL 34238
MGRM	Joe Otto	6130 Clark Center Ave. Unit 107	Sarasota, FL 34238

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 04/07/04

Daytime Phone# 941-924-4592

Typed or printed name of signing Managing Member/Manager

Bruce W. Paquette

CR2E041 (10/02)