L06000003596

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT -9 PM 1:27

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000003596

1. Limited Liability Company's Name

TAMPA BAY REALTY DEVELOPMENT II LLC

07

900161544619
10/09/09--01023--004 **421.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
835 18th AVENUE NE	835 18th AVENUE NE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST PETERSBURG, FL	City & State: ST. PETERSBURG FL
Zip: 33704 Country: U.S.	Zip: 33704 Country: U.S.

4. State/Country of Formation

5. Date Organized or Qualified To Do Business In Florida: 01/11/2006

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: KEITH SMITH, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 121 NORTH COLLINS STREET

Suite, Apt. #, Etc.

City: PLANT CITY State: FL Zip Code: 33563

☑ 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: KA — REGISTERED AGENT MUST SIGN Date: 9/28/09

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
MGRM	LOUIS BUCCINO	835 18th AVENUE NE	ST. PETERSBURG FL 33704
	REINSTATEMENT 2007-2009		

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: LBJ Date: 9/25/09 Daytime Phone #: (813) 604-3688

Typed or printed name of signing Managing Member/Manager: LOUIS BUCCINO