

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 MAR 17 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/11/09--01026--018 **416.25

CR2E041 (10/08)

DOCUMENT # L 06000047579

1. Limited Liability Company's Name
GENERAL GROWTH DEVELOPMENT LLC

2. Principal Office Address - No P.O. Box #
8317 SHELDON RD
Suite, Apt. #, etc.

3. Mailing Office Address
8317 SHELDON RD
Suite, Apt. #, etc.

City & State
TAMPA, FL

Zip Country
33615 USA

City & State
TAMPA, FL

Zip Country
33615 USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
5/9/2006

6. FEI Number
20-2844887

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
AHMAD ELQADAH

Street Address (P.O. Box Number is Not Acceptable)
8317 SHELDON RD

Suite, Apt. #, Etc.

City State Zip Code
TAMPA FL 33615

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 **2/25/2009**

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
MEM	AHMAD ELQADAH	8317 SHELDON RD	TAMPA, FL 33615
MEM	HISHAM ALTONOBEY	8317 SHELDON RD	TAMPA, FL 33615

REINSTATEMENT - 07-08-09 *C.D.*

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 **2/25/2009** Daytime Phone # **(813) 899-9642**

Typed or printed name of signing Managing Member/Manager