LIMITED LIABILITY **COMPANY** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

03 MAR 17 PM 12: 31

SEORLIARY OF STAIL TARBAHASSEENFLORIDA

DOCUMENT#	1000	DOOO/	81	6

1. Limited Liability Company's Name

1

LEMON STREET PLAZA LC

/ <b>·</b>		•				
2. Principal Office Addre	ess	3. Mailing Office A	Address			<u> </u>
18860 US 19MNORTH 154		18860 US	18860 US 19 NORTH		4. State/Country of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		FLORIDA	/ U.S.A.	
SUITE 154		SUITE 154		5. Date Organized or Qu To Do Business in Flo	ualified orida 1/6/2000	ľ
City & State CLEARWATER,	FLORIDA	CLEARWATE	R. FLORIDA	<b>6.</b> FEI Number 59 361 5796	<del>  </del>	pplied For
Zip	Country	Zip	Country	7.	S5 00 Additiona	Lee required
33764	U.S.A.	33764	U.S.A.	CERTIFICATE OF STATU	S DESIRED for a Certifica	
		8. Name	and Address of Current Reg	istered Agent		
Name	GREG JUNG			3000	14109083	
Street Address (P.O. Box Number is Not Acceptable)			03/17/03	01018020 **25	0.00	
	2071 BELLEAIR RD					4
Suite, Apt.	#, Etc.		•	,	·	1
City	CLEARWATE	R,		State FL	Zip Code 33764	1
9. I, being appointed the	e registered agent of the a	above named limited liabi	lity company, am familiar with	and accept the obligations of Ch	apter 608, F.S.	

9. I, being ap	ppointed the registered agent of the above named	limited liability company, am familiar with and accept the o	obligations of Chapter 608, F.S.
Signature of Registered Ag		ED AGENT MUST SIGN	· Date
10. Names	and Street Addresses of Managing Members/Man	agers	
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MCAN OWNER	GREG JUNG	2071 BELLEAIR RD	CLEARWATER, FL 33764
	·-		
			M THOMAS
		REINSTATEME	2001-2003
		MENTINICANTA	
11. Legify t	that I am managing member/manager or the recei	ves or trustee empowered to execute this application as p	provided for in chapter 608, F.S. I further certify that when

11.	I certify that I am managing member/manager	r 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	Assolution has been eliminated, the limited liability company name satisfies the requirements of section 608 406, F.S., an	id that
		been paid./The information indicated on this application is true and accurate, and my signature shall have the same legal	effec
	as if made under oath.	\- / / -	

Signature of Managing Member/Manager\_

Date 3 11 03 Daytime Phone# (727)639 9000

Typed or printed name of signing Managing Member/Manager \_

GREG JUNG