PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000002104

1. Limited Liability Company's Name
AV Investments XXI, L.L.C.
533 N. Howard Avenue, #8, PMB #53
Tampa, Florida 33606

2. Principal Office Address		3. Mailing Office Address	
533 N. Howard Avenue		533 N. Howard Avenue	
Suite, Apt. #, etc. #8, PMB #53		Suite, Apt. #, etc. #8, PMB #53	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33606	Country USA	Zip 33606	Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 2/24/00

6. FEI Number: 59-3627377 ☐ 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: Riverson S. Leonard

Street Address (P.O. Box Number is Not Acceptable): 533 S. Howard Avenue

Suite, Apt. #, Etc.: #8, PMB #53

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: 9/9/04
REGISTERED AGENT MUST SIGN

QR2E041 (10/02)

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	Riverson S. Leonard	533 S. Howard Ave., #8, PMB #53	Tampa, FL 33606
		REINSTATEMENT	03-04

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 608.408, 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: 9/9/04 Daytime Phone #: (727) 480-9080

Typed or printed name of signing Managing Member/Manager: Riverson S. Leonard, Manager

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LIMITED LIABILITY REINSTATEMENT

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