

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR -8 PM 2:08

DOCUMENT # L00000002123

1. Limited Liability Company's Name

TAMPA GATEWAY PARK PROPERTIES, LLC

000170692950
02/26/10--01041--022 **932.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

214 South Shore Crest Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State

Zip
33609

Country
USA

Zip
Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida 02/21/2000

6. FEI Number 59-3633384

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 Daniel D. Whitaker

Street Address (712 South Oregon Avenue

Suite, Apt. #, Etc.

City Tampa

State
FL

Zip Code
33606

☐ 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 Feb. 25 2010

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	Frederic M. Archerd, Jr.	214 South Shore Crest Drive	Tampa, FL 33609

REINSTATEMENT 20510 JRM

11. E-mail Address: _____
(To be used for future annual report notifications)

12. 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 2/25/10

Daytime Phone # 813-250-0577

Typed or printed name of signing Managing Member/Manager Frederic M. Archerd, Jr.