
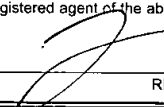
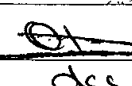
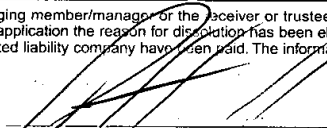


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>02 JAN -2 AM 11:34</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>																													
<b>DOCUMENT #</b> L00000003466																																	
<b>1. Limited Liability Company's Name</b>  NORTHEAST PLAZA, LLC																																	
<b>2. Principal Office Address</b> 101 40th Avenue North  Suite, Apt. #, etc.  City & State St. Petersburg, FL  Zip      Country 33703      U.S.A.		<b>3. Mailing Office Address</b> 101 40th Avenue North  Suite, Apt. #, etc.  City & State St. Petersburg, FL  Zip      Country 33703      U.S.A.		<b>4. State/Country of Formation</b> Florida/U.S.A.  <b>5. Date Organized or Qualified To Do Business in Florida</b> 3/27/2000  <b>6. FEI Number</b> 06-1577498 <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> <b>7. CERTIFICATE OF STATUS DESIRED</b></div><div><b>\$500 Additional Fee required for a Certificate of Status</b></div></div>																													
<b>8. Name and Address of Current Registered Agent</b> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Name Robert D. Barclay</td></tr><tr><td colspan="2">Street Address (P.O. Box Number is Not Acceptable) 3839 4th Street North, <del>XXXXXX</del> 200004761862-2 -01/03/02--01029-012</td></tr><tr><td colspan="2">Suite, Apt. #, Etc. Suite 570 ***150.00 ***150.00</td></tr><tr><td>City St. Petersburg, <del>XXXXXX</del></td><td>State      Zip Code FL      33703</td></tr></table>						Name Robert D. Barclay		Street Address (P.O. Box Number is Not Acceptable) 3839 4th Street North, <del>XXXXXX</del> 200004761862-2 -01/03/02--01029-012		Suite, Apt. #, Etc. Suite 570 ***150.00 ***150.00		City St. Petersburg, <del>XXXXXX</del>	State      Zip Code FL      33703																				
Name Robert D. Barclay																																	
Street Address (P.O. Box Number is Not Acceptable) 3839 4th Street North, <del>XXXXXX</del> 200004761862-2 -01/03/02--01029-012																																	
Suite, Apt. #, Etc. Suite 570 ***150.00 ***150.00																																	
City St. Petersburg, <del>XXXXXX</del>	State      Zip Code FL      33703																																
<b>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.</b> <div style="display: flex; justify-content: space-between;"><div>Signature of Registered Agent </div><div>Date 12/21/01</div></div> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																																	
<b>10. Names and Street Addresses of Managing Members/Managers</b> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>MGRM</td><td>Peter Ludwiszewski</td><td>101 40th Avenue North</td><td>St. Petersburg, FL 33703</td></tr><tr><td>MGRM</td><td>Plamen Kozarov</td><td>1999 Tanglewood Drive N.E.</td><td>St. Petersburg, FL 33702</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> <div style="text-align: right; margin-top: 10px;"><b>REINSTATEMENT</b>  dec</div>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGRM	Peter Ludwiszewski	101 40th Avenue North	St. Petersburg, FL 33703	MGRM	Plamen Kozarov	1999 Tanglewood Drive N.E.	St. Petersburg, FL 33702																
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip																														
MGRM	Peter Ludwiszewski	101 40th Avenue North	St. Petersburg, FL 33703																														
MGRM	Plamen Kozarov	1999 Tanglewood Drive N.E.	St. Petersburg, FL 33702																														
<b>11. I certify that I am managing member/manager of 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.</b> <div style="display: flex; justify-content: space-between;"><div>Signature of Managing Member/Manager </div><div>Date 12/21/01      Daytime Phone # 727-823-4833</div></div> <p>Typed or printed name of signing Managing Member/Manager <u>Peter Ludwiszewski</u></p>																																	

CR2E041 (9/01)