

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000004161

Entity Name: M ST. PETE, L.L.C.

FILED
Oct 13, 2004
Secretary of State

Current Principal Place of Business:

4104 WEST LINEBAUGH AVE
TAMPA, FL 33624

New Principal Place of Business:

4014 GUNN HWY
250
TAMPA, FL 33618

Current Mailing Address:

4104 WEST LINEBAUGH AVE
TAMPA, FL 33624

New Mailing Address:

4014 GUNN HWY
250
TAMPA, FL 33618

FEI Number: 59-3639029 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MOBLEY, TIMOTHY F
4104 WEST LINEBAUGH AVE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

MOBLEY, TIMOTHY F
4014 GUNN HWY
250
TAMPA, FL 33618 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TIMOTHY F MOBLEY

10/13/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MOBLEY, TIM
Address: 4104 W. LINEBAUGH AVE.
City-St-Zip: TAMPA, FL

Title: MGR () Delete
Name: MEACHER, STEVEN
Address: 4215 CARTNAL AVE.
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOBLEY, TIM
Address: 4014 GUNN HWY STE 250
City-St-Zip: TAMPA, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TIMOTHY F MOBLEY

MGR

10/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date