L00000005207

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
**Jim Smith**
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 21 AM 9:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DOCUMENT # L00000005207

**1.** Limited Liability Company's Name

TAMPA REALTY GROUP, LLC

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 3717 NORTH B STREET | 3717 NORTH B STREET |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: TAMPA, FL | City & State: TAMPA, FL |
| Zip: 33609 Country: USA | Zip: 33609 Country: USA |

10/21 2002

**4.** State/Country of Formation: FLORIDA / USA

**5.** Date Organized or Qualified To Do Business in Florida: 4/27/00

**6.** FEI Number: 59-3643675 ☐ 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: RANDELL M. MILLER

Street Address (P.O. Box Number is Not Acceptable): 315 SOUTH HYDE PARK AVENUE

Suite, Apt. #, Etc.:

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: Randell M. Miller Date: 10/15/02

REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

**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 |
|---|---|---|---|
| MGRM | DAVID G. SEIDENBERG | 3717 NORTH B STREET | TAMPA, FL 33609 |
| MGRM | J. MICHAEL MORRIS | 3717 NORTH B STREET | TAMPA, FL 33609 |
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**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 608.406, 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: [signature] Date: 10/15/02 Daytime Phone #: (813) 875-3800

Typed or printed name of signing Managing Member/Manager: DAVID G. SEIDENBERG