

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L00000008643

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 AUG 27 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000008643

1. Limited Liability Company's Name

Stott, LLC

9/28/01

900022761539
09/04/03--01075--001 **250.00

2. Principal Office Address

7800 - 9th Avenue South

Suite, Apt. #, etc.

3. Mailing Office Address

150 - 2nd Avenue North

Suite, Apt. #, etc.

Suite 1100

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33707

Country

U.S.

Zip

33701

Country

US

4. State/Country of Formation

Florida/Pinellas

5. Date Organized or Qualified
To Do Business in Florida

7/21/2000

6. FEI Number

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

Joel D. Bronstein

Street Address (P.O. Box Number is Not Acceptable)

150 Second Avenue North

Suite, Apt. #, Etc.

Suite 1100

City

St. Petersburg

State

FL

Zip Code

33701

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

Joel D. Bronstein

REGISTERED AGENT MUST SIGN

Date

8-26-03

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	Michael J. Alstott, as Trustee of the	7800 - 9th Avenue South	St. Petersburg, FL 33707
	Michael J. Allstott Family Trust dated	REINSTATEMENT	2001-2003
	November 2, 1999		BK

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

Joel D. Bronstein

Date

8-26-03

Daytime Phone #

727-898-6691

Typed or printed name of signing Managing Member/Manager

Joel D. Bronstein,
Authorized Representative of the Member

CR2E041 (10/02)