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Florida Department of State

Division of Corporations

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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

ARBA PROPERTIES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$205.00

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000009715

1. Limited Liability Company's Name

ARBA PROPERTIES, LLC

2. Principal Office Address	**3.** Mailing Office Address
P.O. BOX 14184	P.O. BOX 14184
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FLORIDA	City & State: TAMPA, FLORIDA
Zip: 33690-4184 / Country: USA	Zip: 33690 / Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 08/11/2000

6. FEI Number: 59-3668476 ☐ 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: JONATHAN P. JENNEWEIN

Street Address (P.O. Box Number is Not Acceptable): 101 E. KENNEDY BOULEVARD, SUITE 3700

Suite, Apt. #, Etc.:

City: TAMPA | State: FL | Zip Code: 33602

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: _____ Date: 3/7/02

Jonathan P. Jennewein 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
MEMBER	James K. Murray, III	1410 N. Westshore Boulevard, Suite 600	Tampa, Florida 33607
MEMBER	Stewart T. Bertron	777 S. Harbour Island Boulevard Suite 765	Tampa, Florida 33602

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: _____ Date: 3/8/02 Daytime Phone# (813) 289 9442

Typed or printed name of signing Managing Member/Manager: James K. Murray, III

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