

L0000000 9810

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To:
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Fax Number : (850) 205-0383

From:
Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
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AL

LIMITED LIABILITY REINSTATEMENT

RIVER ROAD REAL ESTATE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$150.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



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

DOCUMENT # L0000009810

1. Limited Liability Company's Name RIVER ROAD REAL ESTATE, LLC

2. Principal Office Address 6950 BRYAN DAIRY ROAD

3. Mailing Office Address 6950 BRYAN DAIRY ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State LARGO, FLORIDA

City & State LARGO, FLORIDA

Zip 33777 Country USA

Zip 33777 Country USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified To Do Business in Florida

8/15/2000

6. FEI Number

Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

B. Name and Address of Current Registered Agent

Name JULIO C. ESQUIVEL, ESQ.

Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BLVD., SUITE 2800

Suite, Apt. #, Etc. SUITE 2800

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

REGISTERED AGENT MUST SIGN

Date OCTOBER 8, 2001

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: MGR, JULIO C. ESQUIVEL, 101 E. KENNEDY BLVD., #2800, TAMPA, FL 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 10/8/01

Daytime Phone# 813/227-2325

Typed or printed name of signing Managing Member/Manager JULIO C. ESQUIVEL

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01 OCT -8 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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