

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

**L0000009810**

**FILED**  
 03 MAR 10 AM 9:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**1. DOCUMENT #** L0000009810  
 Name and Mailing Address

0005375 01 FP 0.352 \*\*PRSRT T6 0 0615 33777-160850  
 RIVER ROAD REAL ESTATE, LLC  
 6950 BRYAN DAIRY ROAD  
 LARGO FL 33777-1608

800013734088  
 03/10/03--01077--008 \*\*200.00



|   |   |   |                               |
|---|---|---|-------------------------------|
| <b>2. New Mailing Address</b>   |   | <b>4. State/Country of Formation</b><br>FL  |                               |
| City, State, Zip  |   | <b>5. Date Organized or Qualified To Do Business in Florida</b><br>08/15/2000   |                               |
| <b>Principal Place of Business</b><br>6950 BRYAN DAIRY ROAD<br>LARGO FL 33777   | <b>3. New Principal Place of Business Address</b> | <b>6. FEI Number</b> 59-3744351<br>APPLIED FOR  | Applied For<br>Not Applicable |
| City, State, Zip  |   | <b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status |                               |
| <b>8. Name and Address of Current Registered Agent</b><br>ESQUIVEL, JULIO C<br>101 EAST KENNEDY, SUITE 2800<br>TAMPA FL 33602 |   | <b>9. Name and Address of New Registered Agent</b>  |                               |
|   |   | Name  |                               |
|   |   | Street Address (P.O. Box Number is Not Acceptable)  |                               |
|   |   | City <b>FL</b> Zip Code   |                               |

**10.** 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: 2/27/03  
 REGISTERED AGENT MUST SIGN

**11. Names and Street Addresses of Each Managing Member/Manager**

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|----------|-----------------------------------|--|--------------------|
| MGR      | ESQUIVEL, JULIO C                 | 101 EAST KENNEDY BLVD. #2800                   | TAMPA FL 33602     |
|          |                                   |  |                    |
|          |                                   |  |                    |
|          |                                   |  |                    |
|          |                                   |  |                    |
|          |                                   |  |                    |

**REINSTATEMENT** 2002-2003  
 MK

**12.** 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: 2/27/03 Daytime Phone: (727) 480-9500

Typed or printed name of signing Managing Member/Manager

CR2F004 (R/02)