

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

REINSTATEMENT 2001
FILED

01 OCT 17 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L-11033

1. Limited Liability Company's Name

WILLIAMS REALTY COMPANY, L.L.C.

2. Principal Office Address

355 71ST AVE.

Suite, Apt. #, etc.

City & State

ST. PETE BEACH, FL

Zip

33706

Country

3. Mailing Office Address

355 71ST AVE.

Suite, Apt. #, etc.

City & State

ST. PETE BEACH, FL

Zip

33706

Country

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

SEPT. 13, 2000

6. FEI Number

36-4393674

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent -

Name

(OLD)
CORPORATION SERVICE COMPANY

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

1201 HAY S STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

NEW AGENT

BRADLEY J. WOOD

2639 Ninth Street North

St. Petersburg, FL 33704

State

FL

Zip Code

32301

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

Bradley J. Wood

REGISTERED AGENT MUST SIGN

Date 10/15/2001

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	BRIAN J. McMANUS	30 N LA SALLE ST. STE 2126	CHICAGO IL 60602
*			
MANAGER	EUGENE WILLIAMS	355 71 ST AVE.	ST. PETE BEACH FL 33706
MEMBER			
			800004649658--6 -10/23/01--01037--016 ****155.00 ****155.00

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

Eugene Williams

Date

OCT. 15, 01

Daytime Phone #

727.560.1949

Typed or printed name of signing Managing Member/Manager

EUGENE WILLIAMS