PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAY 14 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DB

CR2E041 (1/07)

DOCUMENT # L00000012608

1. Limited Liability Company's Name

MALL OFFICE PRODUCTS OF TAMPA, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
200 N. TAMPA ST.	
Suite, Apt. #, etc. SUITE 115	Suite, Apt. #, etc.
City & State TAMPA, FLORIDA	City & State
Zip 33602 / Country USA	Zip / Country

4. State/Country of Formation FLORIDA

5. Date Organized or Qualified To Do Business in Florida 10/10/2000

6. FEI Number 59-3676763 ☐ 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: GWEN R. HODGE

Street Address (P.O. Box Number is Not Acceptable): 200 N. TAMPA STREET

Suite, Apt. #, Etc.: SUITE 115

City: TAMPA State: FL Zip Code: 33602

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Gwen R. Hodge — Date: MAY 14, 2007

REGISTERED AGENT MUST SIGN

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
MGR	GWEN R. HODGE	200 N. TAMPA ST., SUITE 115	TAMPA, FLORIDA 33602
MEM	DAVID V. HODGE	200 N. TAMPA ST., SUITE 115	TAMPA, FLORIDA 33602
	REINSTATEMENT 2005-2007		

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: Gwen R. Hodge Date: 5/14/07 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: GWEN R. HODGE, MANAGER

Division of Corporations

Florida Department of State
Division of Corporations
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Account Number : I19990000150
Phone : (813)224-9255
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Brenda K. Hazard - new.

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LIMITED LIABILITY REINSTATEMENT

MALL OFFICE PRODUCTS OF TAMPA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$250.00

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