

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

02 MAR -7 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 00000013312

1. Limited Liability Company's Name

Central Business District Development, LLC

2. Principal Office Address

619 CLEVELAND ST
CLEARWATER FLORIDA 33756

Suite, Apt. #, etc.

City & State

CLEARWATER FLORIDA

Zip

33756

Country

USA

3. Mailing Office Address

100 PIERCE ST # 1101
CLEARWATER FLORIDA 33756

Suite, Apt. #, etc.

1101

City & State

CLEARWATER FLORIDA

Zip

33756

Country

USA

4. State/Country of Formation

FLA USA

**5. Date Organized or Qualified
To Do Business in Florida**

SEP 28, 2001

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$500 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

RICHARD S. TRELA

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

100 PIERCE ST

Suite, Apt. #, Etc.

1101

City

CLEARWATER

State

FL

Zip Code

33756

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 03-02-02

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
<u>Pres</u>	<u>RICHARD S. TRELA</u>	<u>100 PIERCE ST #1101</u>	<u>CLEARWATER FLA 33756</u>

REINSTATEMENT 01-02-02
dec

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

[Signature]

Date

03-03-02

Daytime Phone #

727-864-1417

Typed or printed name of signing Managing Member/Manager

RICHARD S. TRELA