Division of Corporations

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# LIMITED LIABILITY REINSTATEMENT

## CLEARWATER REAL ESTATE HOLDINGS, LLC

| | |
|---|---|
| Certificate of Status | 1 |
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**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000013349

1. Limited Liability Company's Name
CLEARWATER REAL ESTATE HOLDINGS, LLC

CR2E041 (5/05)

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 1700 S. MACDILL AVE. | 1700 S. MACDILL AVE. |
| Suite, Apt. #, etc. SUITE 220 | Suite, Apt. #, etc. SUITE 220 |
| City & State TAMPA, FLORIDA | City & State TAMPA, FLORIDA |
| Zip 33629 Country USA | Zip 33629 Country USA |

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: OCTOBER 31, 2000

6. FEI Number: 59-3707109 ☐ 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: GIORDANO, JOHN N.

Street Address (P.O. Box Number is Not Acceptable): 220 S. FRANKLIN STREET

Suite, Apt. #, Etc.:

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: _____ Date: NOVEMBER 16, 2006
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Title | Name of Managing Member/Manager | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| MGR | MARY B. MURRAY | 1700 S. MACDILL AVENUE | TAMPA, FLORIDA 33629 |
| | | | |
| | | | |
| | | | |
| | | | |
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11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that upon filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, 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: Mary B. Murray, Manager Date: 11/16/2006 Daytime Phone #: 813-340-0303

Typed or printed name of signing Managing Member/Manager: MARY B. MURRAY, MANAGER