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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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2002 DEC 27 AM 3:48

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDALIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000014551

1. Limited Liability Company's Name
35 SO. BENEVA, LLC2. Principal Office Address
P.O. BOX 428

Suite, Apt. #, etc.

City & State
SARASOTA, FLZip
34230Country
USA3. Mailing Office Address
P.O. BOX 428

Suite, Apt. #, etc.

City & State
SARASOTA, FLZip
34230Country
USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 11/27/2000

6. FEI Number 65-1056864

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
DANIEL L. PREWETTStreet Address (P.O. Box Number is Not Acceptable)
5777 BENEVA ROAD SOUTH

Suite, Apt. #, Etc.

City
SARASOTAState
FLZip Code
34233

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

REGISTERED AGENT MUST SIGN

Date 12/27/02

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
MGRM	McKELVAIN, RICHARD E.	P.O. BOX 428	SARASOTA, FL 34230

REINSTATEMENT 2002

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

Date 12/27/02

Daytime Phone# (941) 724-4441

Typed or printed name of signing Managing Member/Manager
RICHARD E. McKELVAIN

L0001104230

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Florida Department of State
Division of Corporations
Public Access System

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : J.H. ACCOUNTING SERVICES, INC.
Account Number : I19990000041
Phone : (941) 923-0964
Fax Number : (941) 925-4874

DIVISION OF CORPORATION

02 DEC 27 PM 2:38

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LIMITED LIABILITY REINSTATEMENT**35 SO. BENEVA, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$155.00