

L01000000617

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT -6 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BR

DOCUMENT # *L 0000000617*

1. Limited Liability Company's Name

Premiere Housing Twelve Limited Company

2. Principal Office Address

701 Bannockburn Ave
Suite, Apt. #, etc.

3. Mailing Office Address

701 Bannockburn Ave
Suite, Apt. #, etc.

City & State

Tampa, FL

Zip *33617* Country *US*

City & State

Tampa, FL

Zip *33617* Country *US*

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

11/2/01

6. FEI Number

593710314

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 *Deborah L. McCarthy*

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

Suite, Apt. #, Etc.

City *Tampa*

600041821136
*10/12/04--01051--003 **205 00*

State *FL* Zip Code *33617*

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 *Deborah L. McCarthy*
REGISTERED AGENT MUST SIGN

Date *10/5/04*

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	<i>Barry L. Siewert</i>	<i>6956 South Shore Dr.</i>	<i>Pasadena, FL 33707</i>
MGRM	<i>Deborah L. McCarthy</i>	<i>701 Bannockburn Ave</i>	<i>Tampa FL 33617</i>

REINSTATEMENT 2003-2004

(BR)

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 *Deborah L. McCarthy* Date *10/5/04*

Daytime Phone# *813-431-8124*

Typed or printed name of signing Managing Member/Manager *Deborah L. McCarthy*

CR2E041 (10/02)