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1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000002775

1. Limited Liability Company's Name
ENTERPRISE CAPITAL PARTNERS, LLC

1/27 mst

2. Principal Office Address	3. Mailing Office Address
25 Second Street North	25 Second Street North
Suite, Apt. #, etc. SUITE 330	Suite, Apt. #, etc. SUITE 330
City & State St. Petersburg, Florida	City & State St. Petersburg, Florida
Zip 33701 Country USA	Zip 33701 Country USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 02/21/2001

6. FEI Number: 59-3704206 ☐ 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: JULIO C. ESQUIVEL

Street Address (P.O. Box Number is Not Acceptable): 101 EAST KENNEDY BLVD.

Suite, Apt. #, Etc.: SUITE 2800

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: Julio Esquivel
REGISTERED AGENT MUST SIGN

Date: JANUARY 24, 2003

CR2EM9 (10/02)

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	CHARLES D. HEROLD	25 Second Street North, Suite 330	St. Petersburg, Florida 33701
" "	WILLIAM THOMAS	25 Second Street North, Suite 330	St. Petersburg, Florida 33701
" "	SHAWN M. RIELY	25 Second Street North, Suite 330	St. Petersburg, Florida 33701
		REINSTATEMENT 2002-2003	

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: 01/24/2003 Daytime Phone#: 727.894.7505

Typed or printed name of signing Managing Member/Manager: CHARLES D. HEROLD

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Florida Department of State

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LIMITED LIABILITY REINSTATEMENT

ENTERPRISE CAPITAL PARTNERS, L.L.C.

Certificate of Status	1
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