

Secretary of State DIVISION OF CORPORATIONS

1. DOCUMENT # L01000003863

Name and Mailing Address

Managing Member/Manager

0004803 01 FP 0.352 **PRSRT T5 0 0615 33605-380171 lallaallallaaldaallalallaandllaalasilalla YVL LAND GROUP, L.L.C. 1771 EAST 9TH AVE. TAMPA FL 33605-3801

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SEGNETARY OF STATE TALEAHASSEE, FLORIDA



FL City: State, Zip To Do Business in Florida To Do Business in Florida To Do Business in Florida O3/13/2001 Principal Place of Business 1771 EAST 9TH AVE. TAMPA FL 33605 City, State, Zip To Do Business Address 6. FEI Number 59 - 37 275 Not Applied Not Applied To Do Business in Florida O3/13/2001		en en regione de la companya de la c	-	on many tasks of the commonwealth to	Same and the same and the same			
Street Address of Each Managing Member/Manager Street Address of Each Managing Mem	2. New Mailing Address Ciry, State, Zip				-5Date Organized or Qualified			
Tribular Fire Proceed Place of Business Tribular Fire Place of Business Fire								
TAMPA FL 33605 City, State, Zip 7. CERTIFICATE OF STATUS DESIRED ☐ SS09 Additional Fee red for a Certificate of Status 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name	,	3. New Princ	3. New Principal Place of Business Address					
Ame of Managing Members/Manager Sireet Address of Each Managing Member/Manager Title(e) Name A Dobson TIT. Street Address (P.O. Bax Number is Not Acceptable) Tampa City FL Zip Code 33605 10. 1, 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 11. Names and Street Addresses of Each Managing Member/Manager Title(e) Name Milliam A Dobson, III - 1771 E. 9 +4 Avr Tampa, FL 33605 REINSTATEMENT DODG M THOMAS		City, State, Zij	City, State, Zip			CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
GARDNER, J. STEPHEN 220 SOUTH FRANKLIN STREET TAMPA FL 33602 Street Address (FO. Bax Number is Not Acceptable) Tampa City FL Zip Code 33605 10. 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 11. Names and Street Addresses of Each Managing Member/Manager Title(s) Name of Managing Member/Managers Members/Managers Members/Managers Members/Managers Members/Managers Members/Managers Mr. — William A. Dobson, III. — 1771 E. 9 ^{+h} Avr. — Tampa, FL 33605 M. THOMAS	8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
Signature of Registered Agent Date 12/14/02 REGISTERED AGENT MUST SIGN 11. Names and Street Addresses of Each Managing Member/Manager Title(s) Name of Managing Member/Managers Street Address of Each Managing Member/Managers City / State / Zip Mr. William A. Dobson , III - 1771 E. 9+4 Avr Tampa, FL 33605 REINSTATEMENT DOD'T	220 SOUTH FRANKLIN STREE	T		Street Address	(P.O. Box Number	is Not Acceptable)		
Title(s) Name of Managing Members/Managers Name of Managing Members/Manager Nr. William A. Dobson, III - 1771 E. 9 ⁺¹ Avr. Tampa, FL 33605 PENSTATEMENT DOWN M. THOMAS	Signature of		-AL_	am familiar with a	nd accept the oblig		,	
Members/Managers Managing Member/Manager Milliam A. Dobson, III - 1771 E. 9+4 Avr Tampa, FL 33605 MENSTATENENT DOS Managing Member/Manager Managing Member/Manager Managing Member/Manager Tampa, FL 33605	11. Names and Street Addresses of Each Mar	naging Member/Mana						
REINSTATEMENT 3-002		Traine of managing					State / Zip	
REINSTATEMENT 5-002	Mr William A. Do	bson ,III -	1771 E.	9 +4 Avr.		Tampa, FL	33605	
M_THOMAS				<u>.</u>				
M THOMAS				REN	STATI	EMENT_	2002	
						M THOM	IAS	
12. 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 we filling 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 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 of the signature of the provided for in chapter 608, F.S. I further certify that we fill the same legal of the sa	filing this reinstatement application the rea all fees owed by the limited liability compa as if made under oath.	ann far dicealution hac	haan aliminatad the	imited liability con ed on this applicatio	npany name satisti on is true and accu	rate, and my signature sh	all have the same legal effect	

Dobrah III.