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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED 04 DEC -6 PM 2:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA

BR

DOCUMENT # L01000007370

1. Limited Liability Company's Name

Metrowest Place Development, L.L.C.

2. Principal Office Address

1768 Park Center Drive

Suite, Apt. #, etc.

Suite 380

City & State

Orlando, FL

Zip 32835

Country USA

3. Mailing Office Address

1768 Park Center Drive

Suite, Apt. #, etc.

Suite 380

City & State

Orlando, FL

Zip 32835

Country USA

4. State/Country of Formation Florida

5. Date Organized or Qualified To Do Business in Florida 5/09/2001

6. FEI Number

593720907

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

Randolph J. Rush, Esq.

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

250 Park Avenue South

Suite, Apt. #, Etc.

5th Floor

City

Winter Park

State FL

Zip Code 32789

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/3/04

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
<i>mgr</i>	David J. Townsend	1768 Park Center Drive Suite 380	Orlando, FL 32835
REINSTATEMENT 2004			
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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 12/3/04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager David J. Townsend, Manager

CR2E041 (10/02)