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LEGE		TI	ic sar ol	APLT	ING T	THIS FORM!	J: UJ		
LIMITED LIABILITY COMPANY REINSTATEMENT		ORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
DOCUMENT # L0100 1. Ulmited Liability Company's Name SHELL ROAD PROPE		DRS, LL	.c						
2. Principal Office Address 1225 Fruitville Road		3. Mailing Office Address 1225 Fruitville Road					·		
Suite, Apt. #, etc.	Suite, Apt. #		;	4. State/Country of Formation Florida					
	Cit & Cite			5. Date Organized or Qualified To Do Business in Florida 03/31/2001					
City & State Sarasota, FL	'	City & State Sarasota, FL		6. FEI Numbe	Applied For Not Applicable				
34236 Country USA	34236		Country USA	7.	ERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status			required	
	8.	Name and A	ddress of Current Register	ed Agent					
Name		GATE	S, Chad L.			,			
Street Address (P.O. Box Nui	mber is Not Acceptable)	1680 F	ruitville Road		_				
Suite, Apt / #, Eld.									
City		Sarasota			State	Zip Code 34236			
9. I, being appointed the egistered agent of	of the above named limite	ed liability con	npany, am familiar with and a	accept the obligat	ons of C	hepter 608, F.S.			
Signature of Registered Agent	iture of				_{Date} 6/19/03				
	REGISTERED AC	SENT MUST	SIGN					— [
10. Names and Street Addresses of Mana		s 	Charl Address of Factor						
	Name of Nanaging Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip				
Mgr MILLER, Mark S.	AlLLER, Mark S. 1225 Fruitville Ros		ruitville Road	Sarasola, FL 34236					
Mgr CONTI, Terence A.		1225 Fruitville Road			Sarasota, FL 34236				
	e E	STA	TEVENT	0	<u>13</u>	, t			
	E Section 2			CH				-	
11. I certify that I am mar aging member in filing this reinstatement application the ra all fees owed by the limited liability ober as if made under out i.	eason for dissolution has	been elimina	ted, the limited liability compa	any name setisfies	the requ	irements of section 60	3.406, F.S., and	that	
Signature of Managing Member/Managar			Date 6/19	9/03 D	aytime Pf	hone#_941/366-9	936		
Tuned by printed name of signing Managing	Mambar/Managar	Mark S	. Miller, Manager						

Typed or printed name of signing Managing Member/Manager

Jun 19 03 02:50p

levin/tannenbaum/wolff

(941)366-8491

Division of Corporations

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Florida Department of State

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10:

From:

Phone : (941)316-0111 Fax Number

: (941)366-8491

LIMITED LIABILITY REINSTATEMENT

SHELL ROAD PROPERTY INVESTORS, LLC

Certificate of Status	0		
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