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**L01000015011**

03 JUN 10 PM 3:03  
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**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000015011

1. Limited Liability Company's Name

SHELL ROAD PROPERTY INVESTORS, LLC

2. Principal Office Address

1225 Fruitville Road

Suite, Apt. #, etc.

3. Mailing Office Address

1225 Fruitville Road

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34236

Country

USA

Zip

34236

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

03/31/2001

6. FEI Number

65-1147574

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

GATES, Chad L.

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

1680 Fruitville Road

Suite, Apt. #, Etc.

Suite 102

City

Sarasota

State

FL

Zip Code

34236

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

Handwritten signature of registered agent

Date 6/19/03

REGISTERED AGENT MUST SIGN

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
Mgr	MILLER, Mark S.	1225 Fruitville Road	Sarasota, FL 34236
Mgr	CONTI, Terence A.	1225 Fruitville Road	Sarasota, FL 34236

**REINSTATEMENT** 02-03  
Handwritten initials/signature

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

Handwritten signature of Mark S. Miller

Date 6/19/03

Daytime Phone # 941/366-9936

Type or printed name of signing Managing Member/Manager

Mark S. Miller, Manager

CS2E041 (10/02)

Jun 19 03 02:50p

levin/tannenbaum/wolff

(941) 366-8491

242  
P.1

Division of Corporations

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : LEVIN AND TANNENBAUM, P.A.  
Account Number : I19980000105  
Phone : (941)316-0111  
Fax Number : (941)366-8491

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**LIMITED LIABILITY REINSTATEMENT**

**SHELL ROAD PROPERTY INVESTORS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$200.00