

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2003 APR 18 PM 11:52 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA 000016949910 04/24/03--01022--029 **100.00																									
DOCUMENT # L01000020131 1. Limited Liability Company's Name NORTH RIVER MALL #2, L.L.C.																													
2. Principal Office Address 1133 FOURTH STREET Suite, Apt. #, etc. SUITE 302 City & State SARASOTA, FL Zip 34236		3. Mailing Office Address 1133 FOURTH STREET Suite, Apt. #, etc. SUITE 302 City & State SARASOTA, FL Zip 34236		4. State/Country of Formation FL/US 5. Date Organized or Qualified To Do Business in Florida 11/20/2001 6. FEI Number 65-1154352 <div style="display: flex; justify-content: space-between;"><div>7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></div><div>\$5.00 Additional Fee required for a Certificate of Status</div></div>																									
8. Name and Address of Current Registered Agent Name DOERR, KENNETH D. Street Address (P.O. Box Number is Not Acceptable) 240 SOUTH PINEAPPLE AVENUE Suite, Apt. #, Etc. 10TH FLOOR 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 <u><i>Keith D. Doerr</i></u> Date <u>04/09/03</u> REGISTERED AGENT MUST SIGN																													
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Managing Members/Managers</th><th style="width: 30%;">Street Address of Each Managing Member/Manager</th><th style="width: 30%;">City/State/Zip</th></tr></thead><tbody><tr><td>MGR</td><td>LIBBY, HAROLD L.</td><td>1133 FOURTH ST, STE 302</td><td>SARASOTA, FL 34236</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip	MGR	LIBBY, HAROLD L.	1133 FOURTH ST, STE 302	SARASOTA, FL 34236																
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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 <u><i>Harold L. Libby</i></u> Date <u>4/08/03</u> Daytime Phone # <u> </u> Typed or printed name of signing Managing Member/Manager <u>HAROLD L. LIBBY, MANAGER</u>																													

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
2003 APR 18 PM 11:52
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CONTACT: Tricia Tadlock
DATE: 4/18/03
REF. #: 0174.14535
CORP. NAME: North River Mall #2, L.L.C.

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input checked="" type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: _____ | | |

STATE FEES PREPAID WITH CHECK# _____ FOR \$ 100.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

RECEIVED
03 APR 18 AM 10:57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

[Handwritten mark]