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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

03 FEB -6 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000022076

Name and Mailing Address

0004823 01 FP 0.352 **PRSRT T5 0 0615 33606-314599



TYER TEMPLE LOFTS, LLC
1301 S. HOWARD AVE.
TAMPA FL 33606-3145



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1301 S. HOWARD AVE. TAMPA FL 33606		5. Date Organized or Qualified To Do Business in Florida 12/19/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 42-1534654	Applied For Not Applicable
8. Name and Address of Current Registered Agent VERSAGGI, RUSSELL S 1301 S. HOWARD AVE. TAMPA FL 33606		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number, if Applicable) 200009796072 02/06/03 01042 002 **50.00 City FL Zip Code	

CR2E084 (8/02)

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: Russell Versaggi Date: _____
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Member	Russell Versaggi	1301 S. HOWARD AVE.	Tampa, FL 33606 01/03/03--01013--005 **150.00
			200009796072 01/03/03--01013--005 **150.00
			2002-2003

REINSTATEMENT

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 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: Russell Versaggi Date: 12/30/2002 Daytime Phone: (813) 254-1900

Typed or printed name of signing Managing Member/Manager: _____