PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000004483

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
04 MAR -5 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000004483

1. Limited Liability Company's Name
C.R. 48 & Highway 27, L.C.

2003-2004

2. Principal Office Address	3. Mailing Office Address
146 - 2nd St. North	146 - 2nd St. North
Suite, Apt. #, etc. Suite 302	Suite, Apt. #, etc. Suite 302
City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33701 / Country U.S.	Zip 33701 / Country U.S.

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 02/25/02

6. FEI Number: 04-3616192 — 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: John M. McCall
500029906255
03/05/04--01010--032 **150.00

Street Address (P.O. Box Number is Not Acceptable): 146 Second Street North

Suite, Apt. #, Etc.: Suite 302
500029906255
03/05/04--01010--033 **55.00

City: St. Petersburg — State: FL — Zip Code: 33701

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] — Date: 1-26-04
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	John M. McCall	146 - 2nd Street N. #302	St. Petersburg, FL 33701

REINSTATEMENT 2003-2004

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 (if) 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: 1-26-04 — Daytime Phone #

Typed or printed name of signing Managing Member/Manager