1082

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 JUN -8 AM 8:50

(((H04000121777 3)))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000013398

1. Limited Liability Company's Name
UC Investors, LLC

2. Principal Office Address	3. Mailing Office Address
100 S. Ashley Drive	100 S. Ashley Drive
Suite, Apt. #, etc. Suite 1270	Suite, Apt. #, etc. Suite 1270
City & State Tampa, FL	City & State Tampa, FL
Zip 33602 Country United States	Zip 33602 Country United States

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 5/31/02

6. FEI Number: 82-0553591 ☐ 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: Nelson Castellano

Street Address (P.O. Box Number Is Not Acceptable): 101 E. Kennedy Blvd.

Suite, Apt. #, Etc.: Suite 2700

City: Tampa State: FL Zip Code: 33602

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: _____ Date: 6/08/04

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	Richard K. Maloof	100 2nd Avenue South, Ste 204N	St. Petersburg, FL 33701
		REINSTATEMENT 6-3-04	

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 608.408, 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: Richard K Maloof Date: 6-1-04 Daytime Phone # 727-895-2150

Typed or printed name of signing Managing Member/Manager: RICHARD K. MALOOF

(((H04000121777 3)))

TOTAL P.02

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000121777 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.
Account Number : 076424003301
Phone : (813)223-7474
Fax Number : (813)229-6553

JTM 04-4224

RECEIVED
04 JUN -8 PM 2:23
DIVISION OF CORPORATION
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
04 JUN -8 AM 8:52

LIMITED LIABILITY REINSTATEMENT

UG INVESTORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$200.00

Electronic Filing Menu Corporate Filing Public Access Help

L02-13398