PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L02000017801

1. Limited Liability Company's Name

FIRST FLORIDA HOLDING AND COMPANY III, LLC

FILED

03 OCT 30 AN 8:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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2 Dringin			1							
2. Principal Office Address 1600 15th STREET			-	3. Mailing Office Address 1600 15th STREET						
						4. State/Country of Formation				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			FLORIBAD				
Plaza 15, No. 310			Plaza 15. No. 310			5. Date Organized or Qualified To Do Business in Florida 7-15-2002				
City & State			City & State			<u> </u>	·	····		
PR. Lauderdale, FL			Ft. Lauderdale, FL			6. FEI Number	mber X Applied For Not Applicable			
Zip 3331	6	Country	33316	Country	USA	CERTIFICATE C	OF STATUS			nal Fee required cate of Status
8. Name and Address of Current Registered Agent										
	Name MICHAEL PALMISANO									
	Street Address (P.O. Box Number is Not Acceptable)									
	1600 15th STREET, PLAZA 15, NO. 310									
	Suite, Apt. #, Etc.									
	City					··· ···· r	State	Zip Code		
	1	FT. LAUDERDALE,					FL	33316		
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 Date										
		R	EGISTERED AGE	ENT MUST SIGN	,					
10. Name	es and Street	Addresses of Managing Me	mbers/Managers		,					
Titles		Name of		Street	Address of Each	, T		61. (6		
TRIOS		Managing Members/Manag	ers	Managing Member/Manager			City / State / Zip			
MGR	FIELDER PROPERTY, INC.			410 WYE EAST LANE			QUEENSTOWN, MD 21658			
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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 filling 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	ř		OPERTY, INC	., a MAryland (corporation	n.				
Managing Member/Manager Mehal Phone # 410-827-5312										
		By: Michael Ra	•	esident						}
Ahan or bu	Typed or printed name of signing Managing Member/Manager									