

# L02000018483

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS



03 OCT 17 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000018483

1. Limited Liability Company's Name

205 South MacDill, LLC

900023905749  
10/17/03--01050--006 \*\*150.00

2. Principal Office Address		3. Mailing Office Address	
205 S. MacDill Ave.		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33609	Country USA	Zip 33609	Country USA

4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida 7/22/2002	
6. FEI Number 03-0473975	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name William C. Dwyer, III		
Street Address (P.O. Box Number is Not Acceptable) 205 S. MacDill Ave		
Suite, Apt. #, Etc.		
City Tampa	State FL	Zip Code 33609

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

William C. Dwyer, III

Date 10.13.03

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
man	William C. Dwyer III	205 S. MacDill Ave	Tampa, FL 33609

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

William C. Dwyer, III

Date 10.13.03

Daytime Phone # 813-673-2036

Typed or printed name of signing Managing Member/Manager

William C. Dwyer III

CR2E041 (10/02)