

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 DEC 30 AM 9:48

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000028731

1. Limited Liability Company's Name

CMRS Properties, L.L.C.

600062628065  
01/04/06--01020--001 \*\*255.00

CR2E041 (8/05)

2. Principal Office Address

1499 Beach DR SE

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33701

Country

USA

3. Mailing Office Address

1499 Beach DR. SE

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33701

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

10/29/2002

6. FEI Number

56-2300105

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

Greco, Frank J.

Street Address (P.O. Box Number is Not Acceptable)

4047 Henderson BLVD.

Suite, Apt. #, Etc.

City

Tampa

State  
FL

Zip Code

33629

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]*  
REGISTERED AGENT MUST SIGN *Frank J. Greco*

Date

12/23/05

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	Mickett, Carol	1499 Beach DR. SE	St. Petersburg, FL 33701
MGR	Stackhouse, Robert	1499 Beach DR. SE	St. Petersburg, FL 33701

REINSTATEMENT 03-05

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

*Carol A. Mickett*

Date 12/22/05

Daytime Phone (727) 822-7288

Typed or printed name of signing Managing Member/Manager

CAROL A. MICKETT