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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000030094

Name and Mailing Address

0009278 01 AT 0.292 **AUTO T4 0 0615 33606-125313

1313 GRAY STREET

CITILOFTS OR YBOR, L.L.C.

1313 GRAY STREET

TAMPA FL 33606-1253



2. New Mailing Address

City, State, Zip

Principal Place of Business

1313 GRAY STREET
TAMPA FL 33606

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

11/12/2002

6. FEI Number

45-0492503

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

COHEN, HARRY
1313 GRAY STREET
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name

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

100021897694
11/21/03--01007--001 **150.00

City

FL

Zip Code

10. 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 REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	COHEN, HARRY	1313 GRAY STREET	TAMPA FL 33606
MGRM	COHEN, HALEY	1313 GRAY STREET	TAMPA FL 33606
MGRM	CHRISTEN, MARISSA	1313 GRAY STREET	TAMPA FL 33606

REINSTATEMENT

03
dec

12. 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

[Signature]

Date 10-30-03

Daytime Phone # 813-220-0808

Typed or printed name of signing Managing Member/Manager

HARRY COHEN

CR2E084 (7/03)