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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name
Two Towers Development, LLC

2. Principal Office Address	3. Mailing Office Address
One Progress Plaza	One Progress Plaza
Suite, Apt. #, etc. Suite 450	Suite, Apt. #, etc. Suite 450
City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33701 Country USA	Zip 33701 Country USA

4. State/Country of Formation: Florida/USA
5. Date Organized or Qualified To Do Business in Florida:
6. FEI Number: X Applied For / Not Applicable
7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name: Jimmy Avirom
Street Address (P.O. Box Number is Not Acceptable): One Progress Plaza
Suite, Apt. #, Etc.: Suite 450
City: St. Petersburg | State: FL | Zip Code: 33701

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: Jimmy Avirom REGISTERED AGENT MUST SIGN Date: 3-18-04

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/ Manager	City / State / Zip
Man. Mem.	Jimmy Avirom	One Progress Plaza Suite 450	St. Petersburg, FL 33701

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 608.508, 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: Jimmy Avirom Date: 3-18-04 Daytime Phone #: 727 803 4870

Typed or printed name of signing Managing Member/Manager:

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REINSTATEMENT 03-04

JM

Florida Department of State
Division of Corporations
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Fax Number : (850)205-0383

From:
Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL P.A. (ST.
Account Number : 076077001601
Phone : (727)895-1971
Fax Number : (727)823-8979

LIMITED LIABILITY REINSTATEMENT

TWO TOWERS DEVELOPMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$200.00

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