

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 29 AM 10: 53

DOCUMENT # L02000034339

1. Limited Liability Company's Name

4902 TAMARAC LLC

100080307921
09/29/06--01054--001 **200.00
CR2E041 (8/05)

2. Principal Office Address

Thomas Passek/One M&T Bank

Suite, Apt. #, etc.

One M&T Plaza, 9th FL

City & State

Buffalo, New York

Zip

14203

Country

3. Mailing Office Address

Thomas Passek/M&T Bank

Suite, Apt. #, etc.

One M&T Plaza, 9th FL

City & State

Buffalo, New York

Zip

14203

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/20/02

6. FEI Number

421572105

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

HRAWG Corp.

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

1801 N. Military Trail

Suite, Apt. #, Etc.

Suite 200

City

Boca Raton

State

FL

Zip Code

33431

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

Paul E. [Signature] v.p.
REGISTERED AGENT MUST SIGN

Date 9-22-06

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	Roszell, Carol A.	1625 Larimer Street	Denver, CO 80202
MGR	Kreiser, Susan	3604 Wilderness Drive East	Ft. Pierce, FL 34982

REINSTATEMENT 05-06

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

Susan Kreiser

Date 9-20-06

Daytime Phone #

772-465-6840

Typed or printed name of signing Managing Member/Manager

Susan Kreiser