

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 JUL -8 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO 3000000351

1. Limited Liability Company's Name **DEVON SHIELD SHOPPING CENTER LTD.**

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 348 Summerville Lane		3. Mailing Office Address P.O. Box 470877	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sanford Fl.		City & State Lake Monroe Fl.	
Zip 32771	Country Seminole	Zip 32747	Country Seminole

4. State/Country of Formation Florida. U.S.A	
5. Date Organized or Qualified To Do Business in Florida January 2-2003	
6. FEI Number L03000000351	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Arthur Owen Tracey		
Street Address (P.O. Box Number is Not Acceptable) 348 Summerville Lane		
Suite, Apt. #, Etc.		
City Sanford	State FL	Zip Code 32771

E-mail Address:

N/A.

(To be used for future annual report notices)

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 **Arthur Owen Tracey**

Date **6-15-11**

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
member	Arthur Owen Tracey		
			700208212557
			05/27/11--01034--007
			#382.50
			REINSTATEMENT 10-11
			d/z

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing Member/Manager **Arthur Owen Tracey** Date **7-5-11** Daytime Phone # **407-416-1231**

Typed or printed name of signing Managing Member/Manager