


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 20 AM 8:40

<b>DOCUMENT # L03000006451</b> 1. Entity Name <b>TAMPA BAY INVESTMENT AND MANAGEMENT GROUP, LLC</b>					
Principal Place of Business <b>12395 BELCHER ROAD, #355 LARGO, FL 33773</b>			Mailing Address <b>P.O. BOX 291157 TAMPA, FL 33687</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ <div style="text-align: right;"> <b>FL</b>    Zip Code _____         </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>CT Corporation System</b> DATE <b>1-14-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <b>MM</b> NAME <b>Jane Hepner - Agent</b> <input type="checkbox"/> Delete STREET ADDRESS <b>Klett &amp; Rooney, Lieber &amp; Schorling</b> CITY-ST-ZIP <b>40th Floor One Oxford Center Pittsburgh, PA 15219</b>	<div style="text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </div>				
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <b>Jane Hepner</b>				(412) 392-2126	