PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 SEP 25 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L03000016819

1. Limited Liability Company's Name
412 Dan's Island, LLC

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2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
201 North Franklin Street		201 North Franklin Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 2000		Suite 2000	
City & State		City & State	
Tampa, Florida		Tampa, Florida	
Zip	Country	Zip	Country
33602	USA	33602	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 5/9/03

6. FEI Number: n/a ☐ 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: James W. Goodwin, Esq.

Street Address (P.O. Box Number is Not Acceptable): 201 North Franklin Street

Suite, Apt. #, Etc.: Suite 2000

City	State	Zip Code
Tampa	FL	33602

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 _____ Date 9/25/08
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
MGR	Gustke, Kenneth A.	201 North Franklin St., Ste 2000	Tampa, Florida 33602
MGR	Gustke, Mardale M.	201 North Franklin St., Ste 2000	Tampa, Florida 33602

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REINSTATEMENT 2004-2008

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 _____ Date 9/23/08 Daytime Phone # 813-273-4200

Typed or printed name of signing Managing Member/Manager: Kenneth A. Gustke, Manager