

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 24 AM 10: 02

DOCUMENT # L03000036989

1. Entity Name
TAMPA NORSTAR II, LLC



Principal Place of Business
621 COWBOYS PARKWAY, STE. 200
IRVING, TX 75063

Mailing Address
621 COWBOYS PARKWAY, STE. 200
IRVING, TX 75063



2. Principal Place of Business

3. Mailing Address 3700 BANK OF
AMERICA PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005 REIN-LLC CR2E101 (6/04)

City & State

City & State
Tampa FLORIDA

4. FEI Number
20-0259231

Applied For

Not Applicable

Zip

Country

Zip

Country

33602-Sigs

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDERSON, THOMAS N
HILL, WARD & HENDERSON, P.A.
101 EAST KENNEDY BLVD., STE. 3700
TAMPA, FL 33602

Name

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

REINSTATEMENT 04-05

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-05

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME RICHMOND NORSTAR USA, L.P.
STREET ADDRESS 621 COWBOYS PARKWAY, STE. 200
CITY-ST-ZIP IRVING, TX 75063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

000045826310
02/02/05--01003--023 **100.00