L03000050415

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED 2004 OCT 26 PM 2:0?
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/10/04

DOCUMENT # L03000050415

1. Entity Name
GALLERIA DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
945 EAST LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301 US	945 EAST LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301 US

10202004 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65- ☐ Applied For ☐ Not Applicable

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
MCRAE, PAUL A 945 EAST LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301	Name Street Address (P.O. Box Number is Not Acceptable) 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

FILE NOW!!! FEE IS $50.00 **After January 1, 2005, Fee will be $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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCRAE, PAUL A 945 EAST LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600042184206 10/26/04--01032--008 **100.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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: Paul A. McRae PAUL A. MCRAE 10/20/04 954-229-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #