PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 FEB 23 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L04000007581

1. Limited Liability Company's Name
Tropicana Resort Motel LLC

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
300 Hamden Dr.	300 Hamden Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State: Clearwater FL
Zip: 33767 Country: Pinellas	Zip: 33767 Country: Pinellas

4. State/Country of Formation: Florida USA

5. Date Organized or Qualified To Do Business in Florida: 1/27/04

6. FEI Number: 34-1978256 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED: ☐ YES ☐ NO (Additional Fee Required)

8. Name and Address of Current Registered Agent

Name: Agostino DiGiovanni
Street Address (P.O. Box Number is Not Acceptable): 163 Bayside Drive
Suite, Apt. #, Etc.:
City: Clearwater State: FL Zip Code: 33767

☑ 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: A. DiGiovanni Date: 2/13/07
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
Pres	John Conti	103 Belle Isle Ave.	Belleair Beach, FL
VP	Agostino DiGiovanni	163 Bayside Dr	Clearwater, FL 33767
Sec.	Frank Carriera	3040 Homestead oaks	Clearwater, FL 33759
		700189978797 03/01/07--01048--012 **250.00	
		REINSTATEMENT 05-07	

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: A. DiGiovanni Date: 2/13/07 Daytime Phone #: (727) 656-4863

Typed or printed name of signing Managing Member/Manager: Agostino DiGiovanni