

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05
252-00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 19 AM 9:40

DOCUMENT # L04000012511

1. Limited Liability Company's Name

Civix Multisite Retail, L.L.C.

2. Principal Office Address

2033 Main Street

Suite, Apt. #, etc.

Suite 201

City & State

Sarasota, FL

Zip

34237

Country

USA

3. Mailing Office Address

2033 Main Street

Suite, Apt. #, etc.

Suite 201

City & State

Sarasota, FL

Zip

34237

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

02/16/2004

6. FEI Number

34-1995079

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

Bruce P. Chapnick, ESQ.

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

2033 Main Street

Suite, Apt. #, Etc.

Suite 600

City

Sarasota

State

FL

Zip Code

34237

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 12/20/2006

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
MGRM	Rod Connelly	2033 Main Street, Suite 201	Sarasota, FL 34237

REINSTATEMENT 05-07

400086235694
01/25/07--01042--002 **100.00

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 12/20/06

Daytime Phone # 941-953-7700

Typed or printed name of signing Managing Member/Manager Rod Connelly