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LIMITED LIABILITY REINSTATEMENT
RRR SPRINGS PLAZA LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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CR2E041 (05/10)

1. Limited Liability Company's Name

RRR Springs Plaza LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
24500 Chagrin Blvd.		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 200		Same	
City & State		City & State	
Beachwood, OH		Same	
Zip	Country	Zip	Country
44122	U.S.A.	Same	Same

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 4/16/2004

6. FEI Number 20-1008207 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Applies

8. Name and Address of Current Registered Agent

Name: Robert R. Risman

Street Address (P.O. Box Number is Not Acceptable): 2730 S. Ocean Blvd.

Suite, Apt. #, Etc.: Suite 704

City: Palm Beach | State: FL | Zip Code: 33480

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: Robert R Risman Date: 9-26-10
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	RRR Springs Plaza Manager, Inc.	24500 Chagrin Blvd., #200	Beachwood, OH 44122

11. E-mail Address: _____ (To be used for future annual report notifications)

12. 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 upon filing this reinstatement application, the reason(s) 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: Robert R Risman Date: 9-26-10 Daytime Phone # 216-736-7260

Typed or printed name of signing Managing Member/Manager: Robert R. Risman, Treasurer