

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 FEB -7 PM 3:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000040907

1. Limited Liability Company's Name

BMT Properties of Tampa Bay, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 201 N. Franklin Street Suite, Apt. #, etc.: Suite 2200 City & State Tampa, FL Zip 33602		3. Mailing Office Address 201 N. Franklin Street Suite, Apt. #, etc.: Suite 2200 City & State Tampa, FL Zip 33602	
Country Hillsborough		Country Hillsborough	

4. State/Country of Formation Florida/Hillsborough	
5. Date Organized or Qualified To Do Business in Florida May 28, 2004	
6. FEI Number 20-1215568	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Michael J. Nolan	
Street Address (P.O. Box Number is Not Acceptable) 201 N. Franklin Street	
Suite, Apt. #, Etc. Suite 2200	
City Tampa, FL	State FL
	Zip Code 33602

☒ 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 *Michael J. Nolan* Date 1/28/2008

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Mary Titus	16304 Villareal de Avila	Tampa, FL 33613

REINSTATEMENT 0116455460
05-08 08--01029--010 ****\$55.00**

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 *Mary Titus* Date 4/23/08 Daytime Phone # (813) 960-8092

Typed or printed name of signing Managing Member/Manager Mary Titus