PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!

LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE COMPANY Secretary of State					FILED	
REINSTATEMENT	DIVISIO	ON OF CORPC	RATIONS		2009 MAY 12 PM 3: 37	
DOCUMENT # L04000045262 1. Limited Liability Company's Name EMERALD BREEZE DEVELOPERS, LLC					SECRETARY OF STATE TALLAHASSEE. FLORIDA	
EMERALD BREEZE DEVELOPERS, ELC				60 05/11/	600155762466 05/11/0901033009 **377.50	
2. Principal Office Address - No P.O. Box #	ffice Address		1	CR2E041 (10/08)		
3000 Langley Avenue Same				4. State/Country of Formation		
Suite, Apt. #, etc. Suite, Apt. #, Suite 402		etc.		Florida 5. Date Organized or Qualified		
City & State City & State				To Do Business in Florida 06/14/2004		
Pensacola, FL				6. FEI Number Applied For 20–1272185 Not Applicable		
Zip Country USA	Zıp	Cou	ntry	7.	72185 Not Applicable OF STATUS DESIRED 55.00 Additional Fee require for a Certificate of Status	
8. Name and Address of Current Registered Agent				<u> </u>		
Name				☐ A \$100	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.	
Edsel F. Matthews, Jr. Street Address (P.O. Box Number is Not Acceptable)						
308 South Jefferson Street Suite, Apt. #. Etc.				box, yo		
Suite, Apr. #, Ltc.						
City Pensacola		State FL	Zip Code 32502			
9. I, being appointed the registered agent of the above named limited hability company, am familiar with and accept the obligations of Chapter 608, F.S.						
Signature of Registered Agent						
10. Names and Street Addresses of Managing Members/Managers						
Titles Name of Managing Members/Manag	ers	Street Address of Each Managing Member/Manager			City / State / Zip	
MGRE Rodger K. Lowery	Rodger K. Lowery 3000 Langley Ave.			, Ste. 402	Pensacola, FL 32504	
MGR Edsel F. Matthews, J	r.	308 South Jefferson Street		on Street	Pensacola, FL 32502	
MGRM Hit 55 Properties, LLC		12815 Pacifica Place		ce	Tampa, FL 33625	
		<u>-</u>	1-15-47- ₂			
REINSTATEMENT -08-09						
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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 filling 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						
Typed or printed name of signing Managing Member/ManagerEdsel F. Matthews, Jr.						