


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 APR 30 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |   |
|--|--|---|
| DOCUMENT # L04000054257  |  |  |
| 1. Entity Name<br>CORTEZ DEVELOPMENT, LLC  |  |   |
| Principal Place of Business<br>15436 NORTH FLORIDA AVENUE STE. 101<br>TAMPA, FL 33613  |  | Mailing Address<br>15436 NORTH FLORIDA AVENUE STE. 101<br>TAMPA, FL 33613         |
| 2. Principal Place of Business<br>8000 TOWERS CRESCENT DRIVE<br>Suite, Apt. #, etc.<br>SUITE 825<br>City & State<br>VIENNA, VA<br>Zip<br>22182<br>Country<br>USA | 3. Mailing Address<br>8000 TOWERS CRESCENT DRIVE<br>Suite, Apt. #, etc.<br>SUITE 825<br>City & State<br>VIENNA, VA<br>Zip<br>22182<br>Country<br>USA |   |



10252006 REIN-LLC CR2E101 (11/05)

|  |  |
|--|--|
| 4. FEI Number<br>56-2471652  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>MYERS, PARK<br>15436 NORTH FLORIDA AVENUE STE. 101<br>TAMPA, FL 33613 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|--|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE W. R. PARK MYERS DATE 3/30/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$200.00**

Make check payable to  
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>FRANSEN, VICTOR R<br>8000 TOWERS CRESCENT DR #825<br>VIENNA, VA 22182 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 100081595341<br>11/07/06--01056--007 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 100081595341<br>05/08/07--01005--014 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

**REINSTATEMENT 2006-07**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #