

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

05 SEP 28 AM 10: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OK



09282005 REIN-LLC CR2E101 (6/04)

4. FEI Number
20-1412846

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The officer named and signed this statement for the purpose of changing the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.
SIGNATURE *[Signature]* DATE **09/28/05**

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$100.00
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.
Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONAL CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM Michael J. Nolan 201 N. Franklin Street, Ste. 2200 Tampa, FL 33602 ☐ Dece	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add 100060224451 10/04/05--01071--015 **\$150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Dece	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
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REINSTATEMENT 2005

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11. I hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this report is true and accurate and the 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 60B, Florida Statutes.
SIGNATURE: *[Signature]* DATE **09/28/05** (813) 873-5000
Michael J. Nolan, Managing Member