## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	ŗ	RTMENT OF ary of State		09 D	FILED EC-8 AM 8: 06	
DOCUMENT # L04000 (6364)  1. Limited Liability Company's Name			MLLAH	TARY OF STATE ASSEE, FLORIDA		
SI 1901 LLC				50 12/07	00163365005 /0901003018 **188.75 CR2E041 (11/09)	
2. Principal Office Address - No P.O. Box #	3. Mailing Office Add	ress 7				
1901 EAST 2nd AVENUE Suite, Apt. #. etc.	901 EA	st Coul Au	<u>e</u>	4. State/Coun	try of Formation Hillsborough, Florida	
					nized or Qualified 8 -27 - 2004	
City & State	City & State	04		6. FEI Numbe		
Zip Country	TAMPA	12			82379 Not Applicable	
33605 USA	33605	Country	<b>,</b>	7. CERTIFICATE	OF STATUS DESIRED 55.00 Additional Fee requir	
8. Name and Address of Current Registered Agent				·		
Name Robert Marcon				☐ A \$100 reinstatement fee is imposed, except		
Street Address (P.O. Box Number is Not Acceptable				umstances which the entity did not the prior notices. By checking this		
Surte Apri & Etc.			box, you are certifying the prior notices were			
Sune, Apr. F. E.C.				not received and requesting the \$100 reinstatement be waived.		
City State Zip Code					00163365005 /0901003019 **188.75	
9. I, being appointed the regulared agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.						
Signature of Registered Agent Date 12 01 CG						
10. Names and Street Addresses of Managing Men	nbers/Managers					
Titles Name of Managara Managara		Street Address of Each Managing Member/Manager			City / State / Zip	
Mgr Robert Ibar	ra 191	PEAST F	Palm A	we 8310	Tampa FL 33605	
Marm William Stac	K 211	6 WEST	KENTU	cky Ave	Tumpa, FL 33607	
Mgm BrandEE STACK		" "				
					<b>TD</b>	
					JB	
R						
/			R	EINSTA	TEMENT <u>2008-0</u> 9	
11. E-meil Address: Will Sy	nck a stage	IL Design			LMENI <u>2008-0</u> 9	
12. I certify that I am managing member/manager or filing this reinstatement application the reason for	dissolution has been elim	mpowered to exec inated the limited	V. Con	si ation as provided	d for in Chapter 608. F.S. I further certify that when	
12. I certify that I am managing member/manager or filing this reinstatement application the reason for	the receiver or trustae a dissolution has been elim	mpowered to exec inated, the limited on Indicated on thi	exci nelification ute this applic fability compa is application is	stion as provided ny name satisfies true and accura	of for in Chapter 608. F.S. I further certify that when	