


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 31 AM 10:28

<b>DOCUMENT # L04000066934</b> 1. Entity Name <b>ARMSTRONG ARMENIA JUNCTION, LLC</b>					
Principal Place of Business <b>2100 WHARTON STREET, SUITE 700 PITTSBURGH, PA 15203</b>			Mailing Address <b>2100 WHARTON STREET, SUITE 700 PITTSBURGH, PA 15203</b>		
2. Principal Place of Business <b>13801 N. Dale Mabry Hwy</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Tampa, FL</b> Zip <b>33618</b>		3. Mailing Address <b>13801 N. Dale Mabry Hwy</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Tampa, FL</b> Zip <b>33618</b>		4. FEI Number <b>59-3419107</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u>Deborah D. Skipper</u> <b>Deborah D. Skipper</b> <u>Asst. V. Pres</u> <u>10/24/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$200.00</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GUSTINE INVESTMENTS, INC. 2100 WHARTON STREET, SUITE 700 PITTSBURGH, PA 15203</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM AG Armstrong Development LLC 13801 N. Dale Mabry Hwy, Suite 200 Tampa FL 33618</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>10/26/05</u> <small>Date</small>		<u>813-265-4500</u> <small>Daytime Phone #</small>