

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

\$150.00

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 MAY 10 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000093419

1. Limited Liability Company's Name

Floirv, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

36 South Charles Street

3. Mailing Office Address

36 South Charles Street

Suite, Apt. #, etc.

Suite 2300

Suite, Apt. #, etc.

Suite 2300

City & State

Baltimore, Maryland

City & State

Baltimore, Maryland

Zip

21201

Country

USA

Zip

21201

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12/27/04

6. FEI Number

20-2333244

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Mitch Dever

Street Address (P.O. Box Number is Not Acceptable)

1813 Thomas Drive

Suite, Apt. #, Etc.

City

Panama City Beach

State

FL

Zip Code

32408

☐ 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.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/26/07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Morris L. Garten	36 South Charles Street, Suite 2300	Baltimore, Maryland 21201
			200109100252 05/28/07--01019--022 **550.00
			REINSTATEMENT 2007

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 filing 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

Date

4/26/07

Daytime Phone # 850/234-5555

Typed or printed name of signing Managing Member/Manager

Mitch Dever