2006 LIMITED LIABILITY COMPANY
REINSTATEMENT

DOCUMENT # L05000017874

1. Entity Name
TAMPA BRANDON EXPRESS, LLC

10102006   REIN-LLC   CR2E101 (11/05)

Principal Place of Business	Mailing Address
~~3500 BLUE LAKE DRIVE, STE. 200~~ ~~BIRMINGHAM, AL 35243~~ 2824 Linden Avenue Birmingham, AL 35209	~~P.O. BOX 531000~~ P.O. Box 59258 BIRMINGHAM, AL ~~35253~~ 35259
2. Principal Place of Business 2824 Linden Ave	**3. Mailing Address** P.O. Box 59258
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Birmingham, AL	City & State Birmingham, AL
Zip 35209	Country USA	Zip 35259	Country USA

4. FEI Number 20-2383295   Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City	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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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 NAME — Commercial Property Management, LLC ☐ Delete STREET ADD. 'S c/o Derek R. Waltchack CITY-ST-ZI & 2824 Linden Ave Birmingham, AL 35209	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500080785995 10/12/06--01064--013 **155.00
TITLE NAME STREET ADD 'S CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____   10/11/06   2059779797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #