

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 12 AM 9:21

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000030595**

1. Limited Liability Company's Name

Cypress Knolls Properties, LLC

Document Number: *L05000030595*

2. Principal Office Address

11339 Countryway Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

11339 Countryway Blvd

Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

Tampa Florida

Zip

33626

Country

USA

Zip

33626

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida *3-31-05*

6. FEI Number

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

Chad T. Orsatti, Esq.

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

3204 Alternati 19 North

Suite, Apt. #, Etc.

City

Palm Harbor, FL

State

FL

Zip Code

34683

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

[Signature]

Date

1/2/07

REGISTERED AGENT MUST SIGN

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	<i>Dennis Moncur</i>	<i>11339 Countryway Blvd.</i>	<i>Tampa Florida 33626</i>
VP			

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

[Signature]

Date

1/2/07

Daytime Phone #

813-884-4552

Typed or printed name of signing Managing Member/Manager

Dennis D. Moncur