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From:
Account Name : BREWER & PEROTTI, P.A.
Account Number : I20060000058
Phone : (813)579-4010
Fax Number : (813)228-0740

LIMITED LIABILITY REINSTATEMENT

CITY REALTY PROFESSIONALS, LLC

J. BRYAN DEC - 8 2006

Certificate of Status	0
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2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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DOCUMENT # L05000108724

1. Entity Name
CITY REALTY PROFESSIONALS, LLC

Principal Place of Business	Mailing Address
4300 W. CYPRESS AVENUE, SUITE 380 TAMPA, FL 33607	4300 W. CYPRESS AVENUE, SUITE 380 TAMPA, FL 33607

12072006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-3757731 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

F & L CORP.
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32201-0240

7. Name and Address of New Registered Agent

Name Christopher W. Brewer
Street Address (P.O. Box Number is Not Acceptable)
400 N. Tampa Street, Suite 1050
City Tampa FL Zip Code 33602

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] ~~12/9/06~~ 12/7/06
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 STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Walter R. Brewer, Jr. 2901 W. Busch Blvd, Suite 305 Tampa FL 33684 ☐ Change ☒ Addition
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
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

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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: [signature] Christopher W. Brewer, Authorized Rep. 12/7/06 813-579-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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