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Division of Corporations
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Account Name : HILL WARD HENDERSON
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09 MAR 11 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

712 GULF BOULEVARD, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$382.50

282.50

D. BRUCE

MAR 12 2009



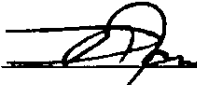
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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 09 MAR 11 AM 8:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA CR2E041 (10/08)	
DOCUMENT # L06000008038					
1. Limited Liability Company's Name 712 Gulf Boulevard, LLC					
2. Principal Office Address - No P.O. Box # 201 East Kennedy Boulevard Suite, Apt. #, etc. Suite 1111 City & State Tampa, Florida Zip 33802		3. Mailing Office Address 201 East Kennedy Boulevard Suite, Apt. #, etc. Suite 1111 City & State Tampa, Florida Zip 33602		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida January 23, 2006 6. FEI Number 204176206	
Country U.S.A.		Country U.S.A.		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Jonathan P. Jennewein Street Address (P.O. Box Number is Not Acceptable) 101 East Kennedy Boulevard Suite, Apt. #, Etc. Suite 3700 City Tampa					
				State FL	
				Zip Code 33602	
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  Date <u>3/10/09</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>					
10. Name and Street Address of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
MGR	Donald Jennewein	1220 Roxmere Road	Tampa, Florida 33629		
MGR	James Carter	1218 S. Roxmere Road	Tampa, Florida 33629		
MGR	Vincent Pennino	4524 Ferncroft	Tampa, Florida 33609		
REINSTATEMENT 08/09					
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 608.408, 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 <u>3/7/09</u> Daytime Phone # <u>(813) 209-0005</u> Typed or printed name of signing Managing Member/Manager <u>Donald Jennewein, Manager</u>					

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