

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -2 AM 8:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L06000071669

1. Limited Liability Company's Name

Company
R & R Development of Tampa, LLC
948 Hemingway Circle
Tampa, FL 33602

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

SAME AS ABOVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33602

Country

USA

Zip

33602

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

JULY 17, 2006

6. FEI Number

20-5234100

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

RONALD G. SIMON

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

948 HEMINGWAY CIRCLE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33602

☒ 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

Ronald G Simon

Date

3/13/09

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	RONALD G. SIMON	948 HEMINGWAY CIRCLE	TAMPA, FL 33602
MGRM	ROBERT LYNN	4927 W. MELROSE AVE S.	TAMPA, FL 33629

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REINSTATEMENT 07-09

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 608.406, 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

Ronald G Simon

Date

3/13/09

Daytime Phone #

813-310-1783

Typed or printed name of signing Managing Member/Manager

RONALD G. SIMON

APR 2 - 2009