

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

|                                      |  |
|--------------------------------------|--|
| DOCUMENT # L06000111740              |  |
| 1. Entity Name<br>REVELATION 66, LLC |  |



FILED

2008 FEB 19 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|   |   |
|---|---|
| Principal Place of Business<br>2202 NORTH WEST SHORE BOULEVARD<br>SUITE 200<br>TAMPA, FL 33607 US | Mailing Address<br>2202 NORTH WEST SHORE BOULEVARD<br>SUITE 200<br>TAMPA, FL 33607 US |
|---|---|

|  |         |  |         |
|--|---------|--|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address<br>17900 Lake Carlton Drive |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc.<br>Apt B                   |         |
| City & State                                   |         | City & State<br>Lutz, FL                       |         |
| Zip  | Country | Zip  | Country |
|  |         | 33558  |         |

02052008 REIN-LLC CR2E101 (1/07)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>33-1147665 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                  |  |
|----------------------------------|--|
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
|----------------------------------|--|

|  |  |  |          |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent<br>EICHOLTZ, KIRK D<br>2202 NORTH WEST SHORE BOULEVARD<br>SUITE 200<br>TAMPA, FL 33607 |  | 7. Name and Address of New Registered Agent        |          |
|  |  | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                    |  |  |
|------------------------------------|--|--|
| <b>FILE NOW!!! FEE IS \$277.50</b> | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to<br>Florida Department of State |
|------------------------------------|--|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ZUNZ, WILSON R<br>2202 NORTH WEST SHORE BOULEVARD, SUITE 200<br>TAMPA, FL 33607 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>17900 Lake Carlton Drive, Apt. B<br>Lutz, FL 33558 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>300117825283<br>02/12/08--01013--004 **282.50                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>L. SELLERS  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>FEB 25 2008   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>EXAMINER  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>REINSTATEMENT   |

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] Date: 2/8/08 Daytime Phone #: 813-265-1707