

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 07 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000125248

1. Limited Liability Company's Name

Tampa Bay Forum Holdings, LLC

400162497874
11/04/09--01035--008 **277.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 101 East Kennedy Blvd.		3. Mailing Office Address 101 East Kennedy Blvd.	
Suite, Apt. #, etc. Suite 2800		Suite, Apt. #, etc. Suite 2800	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33602	Country USA	Zip 33602	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 12/18/2007	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Darrell C. Smith			
Street Address (P.O. Box Number is Not Acceptable) 101 E. Kennedy Blvd.			
Suite, Apt. #, Etc. Suite 2800			
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

Darrell C. Smith
REGISTERED AGENT MUST SIGN

Date 11/03/2009

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
MGR	Phil Esposito	101 E. Kennedy Blvd., Ste.2800	Tampa, FL 33602

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 608.406, 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

Phil Esposito

Date 11/03/2009 Daytime Phone # (813) 229-7600

Typed or printed name of signing Managing Member/Manager

Phil Esposito