

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

FILED

11 JAN 20 PM 3:09


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600188958176  
01/20/11--01025--005 \*\*138.75

600188958176  
12/22/10--01030--016 \*\*100.00

CR2E041 (05/10)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L08000068312**

1. Limited Liability Company's Name  
**3708 Swann Professional Building LLC**

2. Principal Office Address - No P.O. Box # <b>3708 Swann Ave</b>		3. Mailing Office Address <b>3801 Bay to Bay Blvd</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>	
Zip <b>33609</b>	Country <b>USA</b>	Zip <b>33629</b>	Country <b>USA</b>

4. State/Country of Formation  
**Florida/USA**

5. Date Organized or Qualified To Do Business in Florida  
**7/15/2008**

6. FEI Number  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  
**Neal A Sivyer**

Street Address (P.O. Box Number is Not Acceptable)  
**401 E Jackson Street**


Suite, Apt. #, Etc.  
**Suite 2225**

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 808, F.S.

Signature of Registered Agent  Date **12/17/2010**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgrm	Robert P. Glaser	3801 Bay to Bay Blvd	Tampa, FL 33629

**REINSTATEMENT**

**L. SELLERS**


**JAN 21 2011**

**EXAMINER**

**2010**

11. E-mail Address: \_\_\_\_\_ (To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 808, 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 808.408, 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 \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_

\$238.75  
or  
371.50