

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L10000032009

1. Limited Liability Company's Name  
**TAMPA AREA PROPERTIES, LLC**

15 JUN 10 AM 8:39

FILED  
DIVISION OF STATE  
TAMPA, FLORIDA

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # <b>970 LAKE CARILLON DR</b>		3. Mailing Office Address <b>970 LAKE CARILLON DR</b>	
Suite, Apt. #, etc <b>300</b>		Suite, Apt. #, etc <b>300</b>	
City & State <b>ST PETERSBURG, FL</b>		City & State <b>ST PETERSBURG FL</b>	
Zip <b>33716</b>	Country <b>US</b>	Zip <b>33716</b>	Country <b>US</b>

4. State/Country of Formation <b>FLORIDA, US</b>	
5. Date Organized or Qualified To Do Business in Florida <b>03/23/2010</b>	
6. FEI Number <b>27-2178513</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

8. Name and Address of Current Registered Agent		
Name <b>GRANT VADELSKI</b>		
Street Address (P.O. Box Number is Not Acceptable) Suite, <b>970 LAKE CARILLON DR</b>		
Apt. #, Etc. <b>300</b>		
City <b>ST PETERSBURG</b>	State <b>FL</b>	Zip Code <b>33716</b>

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date **06/08/2015**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Mgmr	Zinara Highsmith	3680 Doral St	Palm Harbor FL, 34685
Mgmr	Ricky Bush	15307 Corona Del Mar Dr	Houston TX, 77083
AP	Alex Richardson	970 Lake Carillon Dr #300	St Petersburg, 33716
<b>REINSTATEMENT</b>			<b>S. HAWKES</b>
<b>2014-2015</b>			<b>JUN 11 AM</b>

11. E-mail Address: **tampaareaproperties727@gmail.com**

(To be used for future annual report notifications)

**EXAMINER**

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

**06/08/2015**

Daytime Phone #

**813-774-3441**

Typed or printed name of signing authorized representative/member