PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

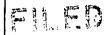
LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS



15 JUN 10 AM 8: 39

| DOCUMENT # L10000032009 | | | | | | | 13 | JON 10 K | | | |
|---|--|----------------------------------|-------------------------------------|---|---------------------|---|---|---|---|----------|--------------------------|
| 1. Limited Liability Company's Name TAMPA AREA PROPERTIES, LLC | | | | | | | A | | Full416 Signal | | |
| | al Office Address | | 3. Mailing Offi | | | | | | CR2E041 (1/1 | 14) | |
| | KE CARILLO | | 970 LAKE CARILLON DR | | | | 4 State/Country of Formation FLORIDA, US | | | | |
| Suite, Apt. 300 | #, etc | Suite, Apt. #, etc 300 | | | | 5. Date Organized or Qualified O3/23/2010 To Do Business in Florida | | | | | |
| City & State | e ERSBURG, I | City & State ST PETER | City & State ST PETERSBURG FL | | | | 6. FEI Number Applied For 27-2178513 Not Applied be | | | | |
| Zip Country 33716 US | | • | ^{Zip} 33716 | | U: | untry S | | 7. CERTIFICATE OF | STATUS DESIRED 🗹 | | |
| - | | 3. Name and Addre | l ss of Current Regi | stered Age | nt | | | | | | |
| Name GRANT | VADELSKI | | ., | | | | | | | | |
| Street Add 970 LAK | Iress (P.O. Box Numb (E CARILLO) | per is Not Acceptable) So NDR | uite, | | • | <u></u> | | | | | |
| Apt. #, Etc. 300 | | | | | | | | 100273887341 06/10/1501023012 **382.50 | | | |
| ST PETERSBURG | | | | | State ZipCode Ub/10 | | | | | ーU12 *** | პ შ ፈ. 5 U |
| 9. I. bei Signature Registere | e of | Stered agent of the a | boye named limited REGISTERED AGEN | | | am familiar with a | ind acc | ept the obligations | of Chapter 605, F.S. 06/08/2 Date | 2015 | |
| 10. Name | es and Street Addre | sses of Authorized Repo | esentatives/Manage | rs | | | | | | | |
| Titles | Name of Authorized Representatives/ Managers | | | Street Address of Each Authorized Representative/ Manager | | | e/ | City / State / Zip | | | |
| Mgmr | Zinara Highsmith | | | 3680 Doral St | | | | | Palm Harbor FL, 34685 | | |
| Mgmr | Ricky Bush | | | 15307 Corona Del Mar Dr | | | | ar Dr | Houston TX, 77083 | | |
| AP | Alex Richardson | | | 970 Lake Carillon Dr #300 | | | | #300 | St Petersburg, 33716 | | |
| | DEIN | ISTATI | | T | | | | | | | |
| | グシカ | 1 | | | | | S. HAW | KES | | | |
| | 0014-2015 | | | • | | | | | ı NUL | 1 A.M. | , |
| 11. E- mail Address: tampaareaproperties727@gmail.com | | | | | | | | | EXAMIÎ | NER | |

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. 06/08/2015

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

(To be used for future annual report notifications)

Signature of authorized representative/member

813-774-3441

Daytime Phone #