

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L11000055333**

1. Limited Liability Company's Name

Summerport Village Center Holdings, LLC

2. Principal Office Address - No P.O. Box #

15436 North Florida Avenue

Suite, Apt. #, etc.

Suite 200

City & State

Tampa, FL

Zip

33613

Country

US

3. Mailing Office Address

15436 North Florida Avenue

Suite, Apt. #, etc.

Suite 200

City & State

Tampa, FL

Zip

33613

Country

US

8. Name and Address of Current Registered Agent

Name

James D. Palermo

Street Address (P.O. Box Number is Not Acceptable) Suite,

15436 North Florida Avenue

Apt. #, Etc.

Suite 200

City

Tampa

State

FL

Zip Code

33613

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 October 8, 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
MGR	DK Summerport, LLC	15436 North Florida Avenue, Suite 200	Tampa, FL 33613

**REINSTATEMENT**

**2015**

**S. HAWKES**  
**OCT 12 AM**  
**EXAMINER**

11. E-mail Address ibartlett@debartoloholdings.com

(To be used for future annual report notifications)

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 October 8, 2015

Daytime Phone #

813-264-8803

Typed or printed name of signing authorized representative/member

James D. Palermo

**FILED**

**15 OCT 9 AM 8:42**

**RECEIVED**

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

May 10, 2011

6. FEI Number

45-2188000

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a certificate of status

**900277947689**  
**10/09/15--01025--016 \*\*243.75**