PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT

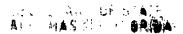


FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED

15 OCT 9 AM 8: 48



DOCUMENT # L11000055689

1. Limited Liability Company's Name

Summerport Village Center Commercial, LLC

2. Principal Office Address - No P.O. Box#		3 Mailing Office A	ddress	CR2E041 (CR2E041 (1/14)		
15436 North	n Florida Avenue	15436 North F	Iorida Avenue	4. State/Country of Formation			
Suite. Apt #, etc	;	Suite, Apt #, etc		Florida			
Suite 200		Suite 200		 Date Organized or Qualified To Do Business in Florida Margin			
City & State		City & State					
Tampa, FL		Tampa, FL		6. FEI Number	Applied For		
			01		✓ Not Applicable		
Ζıρ	Country	Zip	Country	7. CERTIFICATE OF STATUS DESIRED	\$5.00 Additional Fee required for a certificate of status		
33613	us	33613	US	CERTIFICATE OF STATOSDESIKED	tor a certificate or status		
	8. Name and Ad	dress of Current Registere	d Agent				
Name							
James D. Pa	alermo						
Street Address (P	O. Box Number is Not Acceptable	e) Suite,	•				
15436 North	n Florida Avenue						
Apt #, Etc				1002778	347881		
Suite 200					5015 **243.75		
City			State Zip Code				
Tampa			FL 33613				

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

Squature of Registered Agent _

GISTERED AGENT MUST SIGN

Date October 8, 2015

10.	Names and Street	Addresses of	Authorized	Representatives/Manager	s
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Titles	Name of Authorized Representatives/ Managers	Greet Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Summerport Village Center Holdings, LL	15436 North Florida Avenue, Suite 200	Tampa, FL 33613
Р	Edward M. Kobel	4401 West Kennedy Boulevard, 3rd Flo	Tampa, FL 33629
EVP	James D. Palermo	15436 North Florida Avenue, Suite 200	Tampa, FL 33613
VP	Holly Collins-Garcia	4401 West Kennedy Boulevard, 3rd Flo	Tampa, FL 33629
	REINSTATEM	DE'A Inn	S. HAWKES

OCT 12 AM

11, E-mail Address: ibartlett@debartoloholdings.com

Typed or printed name of signing authorized representative/me

(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

Jarnes D. Palermo