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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 2015

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000108724

1. Limited Liability Company's Name

Stream Side Property, LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
601 Bayshore Blvd.	
Suite, Apt. #, etc.: Suite 700	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State
Zip: 33606 Country: USA	Zip Country

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 07/09/2014

6. FEI Number: 47-5380825 ☐ 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: David L. Koche

Street Address (P.O. Box Number is Not Acceptable): 601 Bayshore Blvd.

Suite, Apt. #, Etc.: Suite 700

City: Tampa State: FL Zip Code: 33606

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: David L. Koche REGISTERED AGENT MUST SIGN Date: 10/22/15

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Susan D. Thomas	40 Ranch Road	Thonotasassa, FL 33592
MGR	Christina T. Sievers	325 Blanca Avenue	Tampa, FL 33606
P	Michael A. Babb	40 Ranch Road	Thonotasassa, FL 33592

11. E-mail Address: lseemann@barnettbolt.com
(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 608, F.S. I further certify that either filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. This 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: 10/22/15 Daytime Phone #: 813-346-5288

Typed or printed name of signing Managing Member/Manager: Michael Babb

886581

K. ASHTON

2852

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
STREAM SIDE PROPERTY, LLC

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