

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L98000000182

1. Limited Liability Company's Name

13016 LEEDS, L.L.C.

100024529431
11/10/03--01006--030 **150.00

2. Principal Office Address

13016 LEEDS COURT

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33612

Country

3. Mailing Office Address

ONE GALLERIA BLVD

Suite, Apt. #, etc.

1950

City & State

METAIRIE, LA

Zip

70001

Country

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

02/13/1998

6. FEI Number

72-1414793

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

MICHAEL B. SMUCK

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

13016 LEEDS COURT

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33612

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

REGISTERED AGENT MUST SIGN

Date 10/31/03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MBR	MICHAEL B. SMUCK	ONE GALLERIA BLVD, STE. 1950	METAIRIE, LA 70001
MBR	MBS REALTY INVESTORS, LTD.	ONE GALLERIA BLVD, STE. 1950	METAIRIE, LA 70001

11. 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 when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, 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.

Signature of
Managing Member/Manager

Date 10/31/03

Daytime Phone # 504-836-5075

Typed or printed name of signing Managing Member/Manager MICHAEL B. SMUCK

CR2E041 (10/02)