

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 17 AM 11:05

DOCUMENT #

1. Limited Liability Company's Name

L98-625

REINSTATEMENT 200

STP PARTNERS, L.L.C.

2. Principal Office Address

333 N. FIRST ST.

Suite, Apt. #, etc.

SUITE # 102

City & State

JACKSONVILLE BCH

Zip

FL

Country

USA

3. Mailing Office Address

333 N. FIRST ST.

Suite, Apt. #, etc.

SUITE # 102

City & State

JACKSONVILLE BCH

Zip

FL

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified

To Do Business in Florida 05/15/98

6. FEI Number

59-3512310

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

RICHARD I. POLISNER

600003488386-2

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

149 S. BOSCOE

12/05/00-01113-010

***155.00 ***155.00

Suite, Apt. #, Etc.

City

PONTE VEDRA

State

FL

Zip Code

32082

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

11/14/00

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
MEM	RICHARD I. POLISNER	149 S. BOSCOE	PONTE VEDRA, FL 32082
MEM	WILLIAM TARBART	30 SEAWINDS LANE E.	PONTE VEDRA BCH, FL 32082
MEM	PAUL D. SHIRLEY	1887 EPPING FOREST WAYS.	JACKSONVILLE, FL 32217

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 if made under oath.

Signature of
Managing Member/Manager

Date

11/14/00

Daytime Phone #

Typed or printed name of signing Managing Member/Manager