

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

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DOCUMENT # L99000001201

1. Limited Liability Company's Name

EAST COLONIAL PLAZA, LLC

2. Principal Office Address

607 WEST BAY ST.

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33606

Country

Hillsborough

3. Mailing Office Address

607 WEST BAY ST.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

Hillsborough

4. State/Country of Formation

FLORIDA/ USA

5. Date Organized or Qualified  
To Do Business in Florida

6/17/99

6. FEI Number

65-0899406

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

GARY P. Simon, ~~SECRET~~

300003465113-0

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

9100 S. Dadeland Blvd.

Suite, Apt. #, Etc.

Suite 504

City

Miami

State

FL

Zip Code

33156

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

Gary P. Simon  
REGISTERED AGENT MUST SIGN

Date Oct 30, 2000

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
Manager	Marc Osteroff	16400 NW 2 <sup>nd</sup> Avenue Suite 203	N. Miami Beach FL 33169
Manager	ANDREW J. HOPP	607 WEST BAY ST.	Tampa, FL 33606

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

Andrew J. Hopp

Date

11/01/00

Daytime Phone

813 251-9900

Typed or printed name of signing Managing Member/Manager

ANDREW J. HOPP