

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # L99000001309

1. Limited Liability Company's Name

Palm Harbor Development Holding, L.L.C.

2. Principal Office Address

7650 Courtney Campbell
Causeway
Suite, Apt. #, etc.
Suite 1250

3. Mailing Office Address

Same
Suite, Apt. #, etc.
Same

City & State

Tampa, FL

City & State

Same

Zip

33607

Country

Hillsborough

Zip

Same

Country

Same

4. State/Country of Formation

Florida/Hillsborough

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

March 9, 1999

6. FEI Number

59-3571751
59-3571751

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

Jeffrey P. Meyer

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

7650 Courtney Campbell Causeway

Suite, Apt. #, Etc.

Suite 1250

City

Tampa

State

FL

Zip Code

33607

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**

Date 12/6/00

REGISTERED AGENT MUST SIGN

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

Mgr

ANTHONY TRIMARCO

7140 FALLBROOK CT.
N.P.R. FL. 34655

34655
NEW PORT RICHEY FL

300003510493--1

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****200.00 ****200.00

DB
12-11-00

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**

Anthony Trimarco

Date 12/8/00

Daytime Phone (727) 372-5933

Typed or printed name of signing Managing Member/Manager

Anthony Trimarco, Managing Member

CR2041 (9/99)