

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 DEC 24 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # L99000001703

1. Limited Liability Company's Name

Davis Island Developers, LLC

2. Principal Office Address

5005 Excellence Blvd.

3. Mailing Office Address

5005 Excellence Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33617

Country

USA

Zip

33617

Country

USA

4. State/Country of Formation

Florida/USA

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

03/25/1999

6. FEI Number

65-116560

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ **YES**

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Joel S. Piotrkowski

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

317 - 71st Street

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33141

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***155.00 ***155.00

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 12/20/01

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
MGRM	Alfredo Seidner	5005 Excellence Blvd.	Tampa, FL 33617

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 608.408, 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 12/20/01

Daytime Phone # 813-695-3834

Typed or printed name of signing Managing Member/Manager

CR2041 (9/00)

REINSTATEMENT

Draw
Dec