

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN -1 AM 9:57

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L99000005839**

1. Limited Liability Company's Name

BRISTOL ARMS APARTMENTS, LLC

900055324389
05/25/05--01024--004 **350.00

2. Principal Office Address

123 Chesapeake Ave

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33606

Country

USA

3. Mailing Office Address

123 Chesapeake Ave.

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33606

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida

9/17/99

6. FEI Number

☒ 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

FRANK J. COSTA

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

123 Chesapeake Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

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

[Signature of Frank J. Costa]

REGISTERED AGENT MUST SIGN

Date

4/25/05

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	FRANK J COSTA	123 Chesapeake Ave.	TAMPA, FL 33606
MGRM	CONSTANCE E. COSTA	109 Chesapeake Ave.	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

[Signature of Frank J. Costa]

Date

4/25/05

Daytime Phone #

813-248-3397

Typed or printed name of signing Managing Member/Manager

FRANK J. COSTA

CR2E041 (10/02)