

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT L99000008187
DIVISION OF CORPORATIONS

FILED

03 MAY 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000008187

Name and Mailing Address

0004766 01 FP 0,352 **PRST T5 0 0615 33602-482755

SALMINEN & ASSOCIATES, LLC

220 EAST MADISON ST., SUITE 1030

TAMPA FL 33602-4827



2. New Mailing Address

312 EAST SEVENTH AVENUE

City, State, Zip

TAMPA, FL 33602

Principal Place of Business

220 EAST MADISON ST., SUITE 1030
TAMPA FL 33602

3. New Principal Place of Business Address

312 EAST SEVENTH AVENUE

City, State, Zip

TAMPA, FL 33602

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/04/1999

6. FEI Number

59-3602193

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

SALMINEN, CANDACE M
10511 WATERVIEW COURT
TAMPA FL 33615

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Candace M. Salminen
REGISTERED AGENT MUST SIGN

Date 5-15-2003

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SALMINEN, CANDACE M	10511 WATERVIEW COURT	TAMPA FL 33615

500019581935
05/21/03--01006--001 **205.00

REINSTATEMENT 02.03.03
dec

12. 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

Candace M. Salminen
CANDACE M. SALMINEN

Date 5-15-2003

Daytime Phone # 813-223-1999

Typed or printed name of signing Managing Member/Manager