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
01 JAN 10 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008611

1. Limited Liability Company's Name

HIGHLANDS DEVELOPMENT, L.C.

REINSTATEMENT 2000-01

2. Principal Office Address	3. Mailing Office Address
2401 Morrison Ave.	2401 Morrison Ave.
Suite, Apt. #, etc. Suite 121	Suite, Apt. #, etc. Suite 121
City & State Tampa, FL	City & State Tampa, FL
Zip 33629 / Country USA	Zip 33629 / Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/9/99

6. FEI Number: 59-3550657 ☐ 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: Steven Noriega

Street Address (P.O. Box Number is Not Acceptable): 2401 Morrison Ave., Suite 121

Suite, Apt. #, Etc.: Suite 121

City: Tampa | State: FL | Zip Code: 33629

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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: Steven Noriega — REGISTERED AGENT MUST SIGN — Date: 1/8/01

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	Steven Noriega	2401 Morrison Ave., Suite 121	Tampa, FL 33629
MGRM	Jerry R. Rogers	2401 Morrison Ave., Suite 121	Tampa, FL 33629

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: Steven Noriega — Date: 1/8/01 — Daytime Phone #: 941-504-8727

Typed or printed name of signing Managing Member/Manager: Steven Noriega