

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 FEB 20 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99 000009033

1. Limited Liability Company's Name

The OPT Real Estate, LLC

2. Principal Office Address

18700 Lake Iola Rd

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Dade City FL

City & State

Zip

33523

Country

USA

Zip

Country

4. State/Country of Formation

Florida / United States

5. Date Organized or Qualified
To Do Business in Florida

12/21/99

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

Clifton Pottberg

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

18700 Lake Iola Rd.

Suite, Apt. #, Etc.

City

Dade City

State

FL

Zip Code

33523

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****200.00 ****200.00

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

Cylo Pottberg

REGISTERED AGENT MUST SIGN

Date 12-29-00

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.	Clifton Pottberg	18700 Lake Iola Rd.	Dade City FL 33523

REINSTATEMENT

00.01

dec

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 601, 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

Cylo Pottberg

Date 12/29/00

Daytime Phone # 352 588 3300

Typed or printed name of signing Managing Member/Manager

Clifton Pottberg