APR 14 2004 5:13 P.02

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

04 APR 14 PM 12:45

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01000000760

1. Limited Liability Company's Name
NRI-CKT PINELLAS, L.L.C.

REINSTATEMENT 02-04 JM

2. Principal Office Address		3. Mailing Office Address	
375 N. Front Street		375 N. Front Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 200		Suite 200	
City & State		City & State	
Columbus, OH		Columbus, OH	
Zip	Country	Zip	Country
43215	USA	43215	USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 04/04/2001

6. FEI Number: 59-3707305 ☐ 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: Cindy Knott Taylor

Street Address (P.O. Box Number is Not Acceptable): 201 E. Kennedy Blvd.

Suite, Apt. #, Etc.: Suite 950

City: Tampa | State: FL | Zip Code: 33602

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: Cindy Knott Taylor — REGISTERED AGENT MUST SIGN — Date: 04/14/2004

CR2E041 (10/02)

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	Nationwide Realty Investors, Ltd.	375 N. Front Street, Suite 200	Columbus, OH 43215
MGR/M	CKT-Parkcrest at Pinellas Phase II, LLC	201 E. Kennedy Blvd., Suite 950	Tampa, FL 33602

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: Cindy Knott Taylor Date: 4/14/04 Daytime Phone #: 222-5982

Typed or printed name of signing Managing Member/Manager: Cindy Knott Taylor

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TOTAL P.02