

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
CORPORATION
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M02000003041

FILED

03 NOV 26 AM 7:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000003041

Name and Mailing Address

0016261 01 MB 0.309 **AUTO TO 0 0615 44122-724999



SM LTCB ST. PETERSBURG, LLC
3300 ENTERPRISE PARKWAY
C/O DEVELOPERS DIVERSIFIED REALTY CORPORAT
BEACHWOOD OH 44122-7249



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
DE

5. Date Organized or Qualified
To Do Business in Florida 11/18/2002

Principal Place of Business

3300 ENTERPRISE PARKWAY
C/O DEVELOPERS DIVERSIFIED REALTY-CORPORAT
BEACHWOOD OH 44122

3. New Principal Place of Business Address

City, State, Zip

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

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 11/21/03

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 | KLA/SM NEWCO LTCH II, LLC | 3300 ENTERPRISE PARKWAY | BEACHWOOD OH 44122 |
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REINSTATEMENT 2003

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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

Craig Schultz
REQUIRED

Date 11/12/03

Daytime Phone # 216-755-5500

Typed or printed name of signing Managing Member/Manager

Craig A. Schultz, Asst V.P.

CR2E034 (7/03)