FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2018 APR 19 AM 8:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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04/19/18--01019--002 **783.75

DOCUMENT # M05000001384

1. Limited Liability Company's Name

DD/RIVERVIEW II, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
15436 NORTH FLORIDA AVE	15436 NORTH FLORIDA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 200	Suite 200
City & State	City & State
TAMPA, FL	TAMPA, FL
Zip / Country	Zip / Country
33613 / USA	33613 / USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: March 15, 2005

6. FEI Number: 20-2512133 ☐ 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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301-2525

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Holly Jones Holly Jones Assistant Vice President Date: 4/13/18

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgr	Riverview DeBartolo,LLC	15436 N. Florida Avenue Suite 200	Tampa, FL 33613
	Authorized Signatory: James D. Palermo		
		APR 19 2018	
		R. HUNT	
	REINSTATEMENT		

11. E-mail Address: jpalermo@debartoloholdings.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 606.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: _____ Date: 4-13-18 Daytime Phone #: 813-264-8803

Typed or printed name of signing Authorized Representative/Manager: James D. Palermo