

M06000006198

Florida Department of State
Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
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LIMITED LIABILITY REINSTATEMENT

7950 PARK, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$238.75

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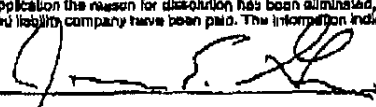
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M06000006198			
1. Limited Liability Company's Name 7950 PARK, LLC			
2. Principal Office Address - No P.O. Box # 18 S. Central Avenue Suite, Apt. #, etc.		3. Mailing Office Address 18 S. Central Avenue Suite, Apt. #, etc.	
City & State Clayton, MO		City & State Clayton, MO	
Zip 63105	Country US	Zip 63105	Country US
4. State/Country of Formation Missouri		5. Date Organized or Qualified To Do Business in Florida November 7, 2006	
6. PEI Number 30-0388392		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee Required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name CT Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation		State FL	Zip Code 33324
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  Kathleen M. O'Connell, Asst. Sec.		Date 7/16/2008	
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Jerome E. Glick	18 S. Central Avenue	Clayton, MO 63105
REINSTATEMENT 08			
11. I certify that I am a 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 608.408, 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 		Date 07-16-08	Daytime Phone # 314.726.0000
Typed or printed name of signing Managing Member/Manager Jerome E. Glick			