




**2008 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 13 AM 11:44

DOCUMENT # M07000005008					
1. Entity Name NMP SEACREST LLC					
Principal Place of Business 301 SEACREST AVENUE LARGO, FL 33771			Mailing Address 301 SEACREST AVENUE LARGO, FL 33771		
2. Principal Place of Business - No P.O. Box			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 28-0371148			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. 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		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of a registered agent.					
SIGNATURE:  <small>By the member or manager of the limited liability company.</small> <small>(NOTE: Registered Agent signature required when reinstating.)</small> DATE: _____					
FILE NUMBER FEE IS \$138.75 After January 1, 2008, Fee will be \$277.50			In accordance with s. 607.150(2)(b), F.S., the limited liability company did not receive the prior notice.		
9. MANAGING MEMBERS/MANAGERS					
NAME	TITLE	DATE	NAME	TITLE	DATE
MGR NAME STREET ADDRESS CITY-ST-ZIP	CENTERROCK SEACREST LLC 301 SEACREST AVENUE LARGO, FL 33771	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 603, Florida Statutes.					
SIGNATURE:  12/23 917-714-1683V					



12222008 REIN-LLC CR2E101 (1/07)

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