

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

212 SEP 19 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M09000001194

1. Limited Liability Company's Name

DISCOVERY REALTY GROUP LLC

600239800426

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
3301 Bonita Beach Road, Ste. 20

Suite, Apt. #, etc.

3. Mailing Office Address
3301 Bonita Beach Road, Ste. 20

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip
34134

Country
USA

Zip
34134

Country
USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida 03/26/2009

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

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

E-mail Address:

adean@mpslaw.com

(To be used for future annual report notices)

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

Carina L. Dunlap
REGISTERED AGENT MUST SIGN

Carina L. Dunlap
Asst. Vice President

09-19-12

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
MGR	Thomas J. Harrison	3301 Bonita Beach Road, Ste. 208	Bonita Springs, FL 34134

REINSTATEMENT

10-12 OK

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Thomas J. Harrison
Thomas J. Harrison

Date 9/18/12

Daytime Phone # 239 9082924

Typed or printed name of signing Managing Member/Manager



CORPORATION SERVICE COMPANY

FILED

212 SEP 19 AM 9:56

ACCOUNT NO. : I20000000195

REFERENCE : 351217 7100061

AUTHORIZATION :

COST LIMIT : \$ 516.25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

ORDER DATE : September 19, 2012

ORDER TIME : 11:55 AM

ORDER NO. : 351217-005

CUSTOMER NO: 7100061

REINSTATEMENT

NAME: DISCOVERY REALTY GROUP LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
12 SEP 19 PM 1:47