

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 DEC 16 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M14000007016

1. Limited Liability Company's Name

201 NORTH FRANKLIN TAMPA, LLC

2. Principal Office Address - No P.O. Box #

40 Morris Avenue

Suite, Apt. #, etc.

Suite 230

City & State

Bryn Mawr, PA

Zip

19010

Country

USA

3. Mailing Office Address

40 Morris Avenue

Suite, Apt. #, etc.

Suite 230

City & State

Bryn Mawr, PA

Zip

19010

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Delaware

5. Date Organized or Qualified

To Do Business in Florida 09/29/2014

6. FEI Number

47-1790805

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) Suite

1201 HAYS STREET

Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301-2525

000293368980

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

Courtney Williams, Asst. V.P.

Date 12-16-2016

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
Authorized Signer	CLAY W. HAMLIN III	41 Morris Ave	Bryn Mawr, PA 19010

T HENDERSON
DEC 16 2016

11. E-mail Address:

(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 605, 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 requirement of section 605.0012, 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

11/29/2016

Daytime Phone # (610) 525-7500

Typed or printed name of signing authorized representative/member

Clay W. Hamlin

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 390175 7882647

AUTHORIZATION :

Paul Coleman

COST LIMIT : \$ 377.50

ORDER DATE : December 5, 2016

ORDER TIME : 12:56 PM

ORDER NO. : 390175-025

CUSTOMER NO: 7882647

REINSTATEMENT

NAME: 201 NORTH FRANKLIN TAMPA, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF
16 DEC 16 PM 1:52