

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
2000 LLC UBR		DOCUMENT # M 97000000767	
1. Limited Liability Company's Name FD CORDOVA CROSSING ASSOCIATES, LLC			
2. Principal Office Address 1765 MERRIMAN RD Suite, Apt. #, etc.		3. Mailing Office Address 1765 MERRIMAN RD Suite, Apt. #, etc.	
City & State AKRON OH		City & State AKRON OH	
Zip 44313	Country USA	Zip 44313	Country USA
4. State/Country of Formation OH IO		5. Date Organized or Qualified To Do Business in Florida 11-19-97	
6. FEI Number 34-1854234		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$3.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name UCC FILING & SEARCH SERVICES, INC			
Street Address (P.O. Box Number is Not Acceptable) 526 E PARK AVENUE			
Suite, Apt. #, Etc.			
City TALLAHASSEE		State FL	Zip Code 32301
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		Date	
REGISTERED AGENT MUST SIGN			
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
MGRM	ENTERPRISE CAPITAL DEVELOPMENT CORP.	1765 MERRIMAN RD	AKRON OH 44313
			800003219428
			04/24/00 01016 003
			\$50.00
			800003219428--6
			04/24/00--01016--003
			*****50.00 *****50.00
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.			
Signature of Managing Member/Manager		Date	Daytime Phone #
X <u>Ronald R. Meineke</u>		X 11/9/00	330-836-9971
Typed or printed name of signing Managing Member/Manager RONALD R. MEINEKE			

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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