

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN -3 PM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000424

1. Limited Liability Company's Name

DALE MABRY ASSOCIATES, LLC

2. Principal Office Address

2522 NORTH DALE MABRY HIGHWAY

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

SAME

Zip

33607

Country

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

4/28/98

6. FEI Number

59-3505820

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

RICHARD JOHN BRODEUR, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)

1640 PERIWINKLE WAY, SUITE V (P.O. BOX 214)

Suite, Apt. #, Etc.

City

SANibel ISLAND

State

FL

Zip Code

33957

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

[Signature]

REGISTERED AGENT MUST SIGN

Date DEC 31, 1999

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
M	CHARLES R. COLE	2319 N.E. 29 th STREET	LIGHTHOUSE POINT, FL 33064

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****150.00 ****150.00

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

[Signature]

Date 12/31/99

Daytime Phone # 954 784-8790

Typed or printed name of signing Managing Member/Manager

CHARLES R. COLE