

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 SEP -8 P 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
800039951178  
08/06/04--01054--002 \*\*200.00

DOCUMENT # M99060000561

1. Limited Liability Company's Name  
Business Parkway Properties, LLC

2. Principal Office Address

436 Monte Cristo Blvd.

Suite, Apt. #, etc.

City & State

Tierra Verde

Zip

33715

Country

Pinellas

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL

Zip

33715

Country

4. State/Country of Formation

Maryland

5. Date Organized or Qualified  
To Do Business in Florida

4-16-1999

6. FEI Number

52-2159528

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

MGRM

ROGER F. CECIL

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

436 MONTE CRISTO BLVD

Suite, Apt. #, Etc.

City

Tierra Verde

State

FL

Zip Code

33715

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 8-3-04

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
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MGRM	ROGER F. CECIL	436 MONTE CRISTO BLVD Tierra Verde, FL 33715	
MGRM	LINDA H. CECIL		

REINSTATEMENT 03-04  
dce

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 8-3-04

Daytime Phone # 727-865-2900

Typed or printed name of signing Managing Member/Manager

Linda H. Cecil

CR2E041 (10/02)