L00000012535

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 24 PM 5:08

700182571577
06/24/10--01015--012 **1343.75

CR2E041 (11/09)

DOCUMENT # L00000012535.

1. Limited Liability Company's Name

SOUTH OCEAN PROPERTIES, LLC

2002

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o JP Morgan Trust, Bahamas Financial Centre	c/o J.P. Morgan Trust P.O. Box N-4899
Suite, Apt. #, etc.: 2nd Floor	Suite, Apt. #, etc.:
City & State: Charlotte & Shirley St. Nassau	City & State: Nassau
Zip: / Country: Bahamas	Zip: / Country: Bahamas

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/16/2000

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: Atrium Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 1500 San Remo Avenue

Suite, Apt. #, Etc.: Suite 125

City: Coral Gables | State: FL | Zip Code: 33146

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Atrium Registered Agents, Inc. By: Jose L. Nunez, VP Date: 4-28-10

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
MGR	Shiraz Management Limited	c/o JP Morgan Trust, Bahamas Financial Centre, 2nd. Floor Shirley & Charlotte Streets	Nassau, Bahamas
		REINSTATEMENT 2002-2010	

11. E-mail Address: _____ (To be used for future annual report notifications)

12. 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: April 28th 2010 Daytime Phone #: 242-356 8222

Typed or printed name of signing Managing Member/Manager: Baraterre Limited / Tarpumbay Limited - Directors