

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 NOV -2 PM 3:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DOCUMENT # L03000007584

1. Entity Name
S & N PROPERTIES, LLC

| | |
|--|--|
| Principal Place of Business 445 W. OAK ST. KISSIMMEE, FL 34741 | Mailing Address 445 W. OAK ST. KISSIMMEE, FL 34741 |
|--|--|

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|--|--|
| 2. Principal Place of Business 311 W. Oak St. Suite, Apt. #, etc. | 3. Mailing Address 311 W. Oak St. Suite, Apt. #, etc. |
|--|--|

| | |
|--------------------------------------|--------------------------------------|
| City & State Kissimmee, FL | City & State Kissimmee, FL |
| Zip 34741 | Country Osceola |
| Zip 34741 | Country Osceola |

10192004 REIN-LLC CR2E101 (6/04)

6. Name and Address of Current Registered Agent

**KERNEY, THOMAS F
1420 E. CONCORD ST.
ORLANDO, FL 32803**

4. FEI Number **54-2102087** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

Name _____

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

City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| | | |
|--|--|---|
| FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to Florida Department of State |
|--|--|---|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---------------------------------|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | Managing Member Sunil M. Kakkar, MD 311 W. Oak St. Kissimmee, FL 34741 | |
| | | 800042399528 11/02/04--01049--009 **50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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REINSTATEMENT *04*

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Sunil M. Kakkar Date 10/26/04 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE