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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

M02000003246

04 FEB 19 AM 10:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # M02000003246

Name and Mailing Address

0016948 01 MB 0.309 **AUTO H2 0 0615 92054-121804

FPRO-109, LLC
504 JONES ROAD
OCEANSIDE CA 92054-1218

MJH

2/19

CR2E084 (7/03)

2. New Mailing Address	4. State/Country of Formation: DE
City, State, Zip	5. Date Organized or Qualified To Do Business in Florida: 12/09/2002
Principal Place of Business: 504 JONES ROAD OCEANSIDE CA 92054	3. New Principal Place of Business Address / City, State, Zip
	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	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) 500024653395 11/13/03--01084--004 **150.00 City: FL Zip Code

10. 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: David I. Farber DAVID I. FARBER ASSISTANT SECRETARY Date: 2/2/04

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres	Allen K. Yasukochi	P.O. Box 184	San Luis Rey, Ca 92068
MGRM	Valley View Investments	504 Jones Rd	Oceanside, Ca 92054
		500024653395 02/19/04--01021--001 **50.00	
		REINSTATEMENT 2003-2004	

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: SIGNATURE REQUIRED Date: 11/10/03 Daytime Phone # 760-757-5914

Typed or printed name of signing Managing Member/Manager: Allen Yasukochi