

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 2004 8:00 A.M.
Secretary of State

DOCUMENT # L 00000000 966

1. Limited Liability Company's Name

EDDAD PROPERTIES, L.L.C.

000035442020
05/05/04--01015--027 **205.00

2. Principal Office Address 14854 FAVERSHAM CIR Suite, Apt. #, etc. ORLANDO City & State: FLORIDA Zip 32826		Country ORANGE		3. Mailing Office Address 14854 FAVERSHAM CIR Suite, Apt. #, etc. ORLANDO City & State: FLORIDA Zip 32826		Country ORANGE	
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4. State/Country of Formation STATE OF FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 1/24/2000	
6. FEI Number 59-3621377	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name PIEDAD RUBIO		
Street Address (P.O. Box Number is Not Acceptable) 14854 FAVERSHAM CIR		
Suite, Apt. #, Etc.		
City ORLANDO	State FL	Zip Code 32826

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

Piedad Rubio

Date 4/28/4

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	EDGAR R BLECKER	468 MIDVALE TERR	SEBASTIAN, FL 32958
MGRM	ELVA BLECKER	468 MIDVALE TERR	SEBASTIAN, FL 32958
MGRM	HERNAN R RUBIO	14854 FAVERSHAM CIR	ORLANDO, FL 32826
MGRM	PIEDAD M RUBIO	14854 FAVERSHAM CIR	ORLANDO, FL 32826
REINSTATEMENT 2003-04/28			

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

Piedad Rubio

Date 4/28/4

Daytime Phone # 407 4823014

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)