


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED


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

<b>DOCUMENT # L03000007584</b> 1. Entity Name <b>S &amp; N PROPERTIES, LLC</b>	
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Principal Place of Business <b>445 W. OAK ST. KISSIMMEE, FL 34741</b>	Mailing Address <b>445 W. OAK ST. KISSIMMEE, FL 34741</b>
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2. Principal Place of Business <b>311 W. Oak St.</b> Suite, Apt. #, etc.	3. Mailing Address <b>311 W. Oak St.</b> Suite, Apt. #, etc.
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City & State <b>Kissimmee, FL</b>	City & State <b>Kissimmee, FL</b>
Zip <b>34741</b>	Zip <b>34741</b>
Country <b>Osceola</b>	Country <b>Osceola</b>



10192004 REIN-LLC CR2E101 (6/04)

6. Name and Address of Current Registered Agent  <b>KERNEY, THOMAS F 1420 E. CONCORD ST. ORLANDO, FL 32803</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00</b> 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 <b>Florida Department of State</b>
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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	Managing Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Sunil M. Kakkar, MD</b> <b>311 W. Oak St.</b> <b>Kissimmee, FL 34741</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800042399528</b> <b>11/02/04--01049--009 **50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

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