

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

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 ☒

\$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

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

2003-04-22

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

Date

4/28/4

Daytime Phone #

407 4823014

Typed or printed name of signing Managing Member/Manager