L00000001623

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB -5 PM 3:10

LC 02/17/04

DOCUMENT # L00000001623

1. Limited Liability Company's Name
TREASURE COAST PROPERTIES, LLC
REINSTATEMENT 2001-2004

2. Principal Office Address	3. Mailing Office Address
4732 N. DALE MABRY	18700 W. TEN MILE Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	200
City & State	City & State
TAMPA FL	Southfield MI
Zip / Country	Zip / Country
33614 / Hillsborough	48075 / OAKLAND

4. State/Country of Formation: FLORIDA. USA

5. Date Organized or Qualified To Do Business in Florida: 2/14/2000

6. FEI Number: 31 17 55 610 ☐ 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: AMER ASMAR

Street Address (P.O. Box Number is Not Acceptable): 4732 N. DALE MABRY

300029457953
02/26/04--01025--014 **30.00

Suite, Apt. #, Etc.:

City: TAMPA | State: FL | Zip Code: 33614

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 1/28/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	AMER-ASMAR	4732 N DALE MABRY TAMPA FL 33614	TAMPA FL 33614
		2001-2004	
	REINSTATEMENT		

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 1/28/04 Daytime Phone # 248 557 5454

Typed or printed name of signing Managing Member/Manager AMER ASMAR