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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING TH[illegible]

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/24/03--01056--009 **250.00

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2001-2002-2003

DOCUMENT #

1. Limited Liability Company's Name
S&P Properties, L.C.

L00000003429

2. Principal Office Address	3. Mailing Office Address
2808 Manatee Ave. West	2808 Manatee Ave. West
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton, Florida	City & State: Bradenton, Florida
Zip: 34205 Country: USA	Zip: 34205 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: March 23, 2000

6. FEI Number: 65-1021944 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 [illegible]

8. Name and Address of Current Registered Agent

Name: Andre R. Perron

Street Address (P.O. Box Number is Not Acceptable): 2808 Manatee Avenue West

Suite, Apt. #, Etc.:

City: Bradenton State: FL Zip Code: 34205

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: [signature] REGISTERED AGENT MUST SIGN Date: Feb 21-03

CR2E041 (1/98)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mng	Mark Polewski	5170 O'Neil Drive	Old CastleOntario Canada NOR-160
Mng	Ed Polewski	5170 O'Neil Drive	Old CastleOntario Canada NOR-160

REINSTATEMENT 2001-2003

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 608.408, 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] Date: Feb. 21/03 *Daytime Phone #: 519.737.1593

Typed or printed name of signing Managing Member/Manager: Mark Polewski