PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 DEC -1 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000004671

1. Limited Liability Company's Name
DOUBLE M ESTATES, L.L.C
~~1564~~ BERRYHILL ROAD
MILTON, FL 32570

Please change address

CR2E041 (8/05)

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 5962 BERRYHILL ROAD | SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MILTON, FL | City & State: MILTON FL |
| Zip: 32570 Country: USA | Zip: 32570 Country: USA |

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number: 59-3728971 ☐ 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: MONTES, JOSE C

Street Address (P.O. Box Number is Not Acceptable): 5962 BERRYHILL ROAD

REINSTATEMENT 2006

Suite, Apt. #, Etc.

City: MILTON State: FL Zip Code: 32570

9. I, being appointed the registered agent of the above named limited liability company, familiarize myself with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: jose c. montes, m.d. Date: 11-2-06
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 |
|---|---|---|---|
| MGRM | MONTES, JOSE C | 5962 BERRYHILL ROAD | MILTON, FL 32570 |
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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 608.508, 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: jose c. montes, m.d. Date: 11-2-06 Daytime Phone #: 850-623-0124

Typed or printed name of signing Managing Member/Manager: JOSE C. MONTES, M.D.