
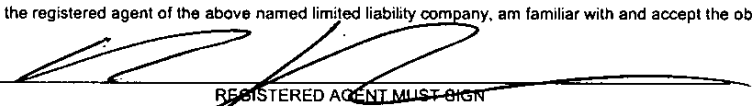
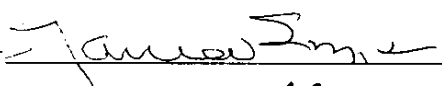


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L00000004736		SECRETARY OF STATE TALLAHASSEE FLORIDA		200135601472 09/09/08--01021--004 ***932.50	
1. Limited Liability Company's Name MOPAT PROPERTIES, LLC					
2. Principal Office Address - No P.O. Box # 520 Middle River Drive Suite, Apt. #, etc. City & State Fort Lauderdale, FL Zip 33304		3. Mailing Office Address Suite, Apt. #, etc. City & State City & State Zip Country USA		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 4/25/2000 6. FEI Number 65-1002321 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Gutter Chaves Josepher Rubin Forman Fleisher P.A. Street Address (P.O. Box Number is Not Acceptable) 2101 Corporate Blvd. Suite, Apt. #, Etc. Suite 107 City Boca Raton State FL Zip Code 33431		<input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
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 8/28/08 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	Maureen Smith	520 Middle River Drive		Fort Lauderdale, FL 33304	
MGR	Patricia M. Smith	6514 Trilby Road		Fort Collins, CO 80528	
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 8/28/08 Daytime Phone # 904561-1611 Typed or printed name of signing Managing Member/Manager Maureen Smith					