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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG -2 AM 8:42

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000004806

1. Limited Liability Company's Name
El Nino Properties, L.L.C.

2. Principal Office Address	3. Mailing Office Address
192 South Lake Dr.	PO Box 342
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange City, FL	City & State: DeLand, FL
Zip: 32763 Country: USA	Zip: 32721 Country: USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 04/27/2000

6. FEI Number: 59-3645675 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: Palmetto Charter Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 150 Magnolia Avenue REINSTATEMENT 04-05

Suite, Apt. #, Etc.

City: Daytona Beach State: FL Zip Code: 32115

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: John P. Ferguson, VP Date: 05/11/05
REGISTERED AGENT MUST SIGN

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
MGR	Steven Costa	101 Curry Rise Ct.	Deland, FL 32724

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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 608.408, 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: 07/29/05 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager:

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