

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 30 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L-6802

1. Limited Liability Company's Name

Residential Lease Properties Group, LLC

700004717677--4

-12/10/01--01119--028

****150.00 ****150.00

2. Principal Office Address

580 W. Palm Valley Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32765

US

4. State/Country of Formation

FL US

**5. Date Organized or Qualified
To Do Business in Florida**

4/08/2000

6. FEI Number

94-3365376

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Atten: Lightbox, Lightbox & Associates, P.A.

Street Address (P.O. Box Number is Not Acceptable)

2600 Technology Dr.

Suite, Apt. #, Etc.

200

City

Orlando

State

FL

Zip Code

32804

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

10/29/01

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 |
|--------|--------------------------------------|---|--------------------|
| MHR | FRANKLIN C. GEORGE III | 580 West Palm Valley | Orlando, FL 32765 |
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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 608.406, 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

[Signature]

Date *10/18/01*

Daytime Phone # *407-496-2341*

Typed or printed name of signing Managing Member/Manager

F. C. GEORGE III

CR2E041 (9/01)