

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2001
FILED

DOCUMENT # L00000008049

1. Limited Liability Company's Name

FLP PROPERTIES, LLC

OCT 26 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

6500 HOFFNER AVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32822

Country

USA

3. Mailing Office Address

6500 HOFFNER AVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32822

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

7-6-2000

6. FEI Number

☒ 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

W.D. MILLSAPS, SR

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

6500 HOFFNER, AVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32822

400004663054-3
-11/01/01--01064-013
***155.00 ***155.00

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

W.D. MILLSAPS, SR

REGISTERED AGENT MUST SIGN

Date 10/25/2001

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
CEO	WILLIAM DAVID MILLSAPS	6500 HOFFNER AVE	ORLANDO, FL 32822
SEC	COLLEEN MILLSAPS	1766 GAINEY RD	CAIRO, GA 31728

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

William David Millsaps

Date 10/25/2001

Daytime Phone # 407-208-9518

Typed or printed name of signing Managing Member/Manager

WILLIAM DAVID MILLSAPS

CR25041 (9/00)