

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L000000008392.

1. Limited Liability Company's Name

PRINCIPAL PROPERTY INVESTMENTS L.L.C.

300023743013
10/13/03--01015--008 **150.00

2. Principal Office Address

5504 Gateway Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

5504 Gateway Blvd.

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

City & State

Wesley Chapel, FL

Zip

33543

Country

USA

Zip

33543

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

7/14/2000

6. FEI Number

593658238

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

Hasan F. Hashmi M.D.

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

5504 Gateway Blvd.

Suite, Apt. #, Etc.

City

Wesley Chapel

State

FL

Zip Code

33543

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

Hasan F. Hashmi

Date 10/10/03

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 |
|--------|--------------------------------------|---|----------------------------|
| MR. | HASAN F. HASHMI | 5504 Gateway Blvd. | Wesley Chapel, FL 33543 |
| | | | |
| | | | |

REINSTATEMENT

10/10/03
10/10/03

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

Hasan F. Hashmi

Date 10/10/03 Daytime Phone # 813-994-8481

Typed or printed name of signing Managing Member/Manager