

L00000008797

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 17 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000008797**

1. Limited Liability Company's Name
MBA PROPERTIES, LLC

9/28/01

000009562190
12/17/02--01067--008 **205.00

2. Principal Office Address

12555 BISCAYNE BLVD.

Suite, Apt. #, etc.

714

City & State

N. MIAMI, FL.

Zip

33180

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FL.

5. Date Organized or Qualified To Do Business in Florida

7/20/2000

6. FEI Number

30-6074187

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

ROBERT SWEETMAN

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

12555 BISCAYNE BLVD.

Suite, Apt. #, Etc.

714

City

N. MIAMI

State

FL

Zip Code

33180

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]

Date

12/10/02

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
mm	ROBERT SWEETMAN	12555 BISCAYNE BLVD. 714	N. MIAMI, FL 33180

REINSTATEMENT 2001-2002

BK

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

12/10/02

Daytime Phone #

(304) 582-7787

Typed or printed name of signing Managing Member/Manager

ROBERT SWEETMAN

CR2E041 (9/01)