

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG -5 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000010626

1. Limited Liability Company's Name

FULHAM/SABAL PROPERTIES, LLC

2. Principal Office Address

562 Marsh Creek Road

Suite, Apt. #, etc.

City & State

Venice Florida

Zip

34292

Country

USA

3. Mailing Office Address

c/o Underwood & Roberts

Suite, Apt. #, etc.

537 East Park Avenue

City & State

Tallahassee Florida

Zip

32301

Country

USA

4. State/Country of Formation

Florida

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

8/31/2000

6. FEI Number

65-1040805

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 L. UNDERWOOD

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

537 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

8/4/04

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
MGR	ROBERT L. UNDERWOOD	537 East Park Avenue	Tallahassee FL 32301

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

8/4/04

Daytime Phone #

(919) 664-8803

Typed or printed name of signing Managing Member/Manager

ROBERT L. UNDERWOOD

CR2E041 (10/02)