

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

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1. Limited Liability Company's Name

Brookside Property Associates, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

2. Principal Office Address

3602-A OLD SHELL ROAD

Suite, Apt. #, etc.

City & State

MOBILE, AL

Zip

36608

Country

USA

3. Mailing Office Address

3602-A OLD SHELL ROAD

Suite, Apt. #, etc.

City & State

MOBILE, AL

Zip

36608

Country

USA

4. State/Country of Formation

VIRGINIA

5. Date Organized or Qualified
To Do Business in Florida

10/1/2000

6. FEI Number

54-1391343

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

Registered Agents Legal Services, Inc.

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

1333 North Duval Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32302

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

Michael W. Culley, UP on behalf of Registered
Agents Legal Services, Inc.

Date 10/18/2001

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
MANAGING MEMBER	CHRISTOPHER B. WHITE	3602-A OLD SHELL ROAD	MOBILE, AL 36608

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

CHRISTOPHER B. WHITE

Date 11/2/01

Daytime Phone # (251) 460-4570

Typed or printed name of signing Managing Member/Manager

CHRISTOPHER B. WHITE

CR2E041 (9/00)