

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 MAR 10 AM 9:04

DOCUMENT # L0000015722

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

2. Principal Office Address 9283-2 SAN JOSE BLVD. Suite, Apt. #, etc. City & State JACKSONVILLE, FL Zip 32257 Country USA

3. Mailing Office Address 9283-2 SAN JOSE BLVD. Suite, Apt. #, etc. City & State JACKSONVILLE, FL Zip 32257 Country USA

4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida 12/19/2000 6. FEI Number 593157687 7. CERTIFICATE OF STATUS DESIRED [ ] \$5.00 Additional Fee required for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name CHARLES J. DAVID Street Address (P.O. Box Number is Not Acceptable) 9283-2 SAN JOSE BLVD. Suite, Apt. #, Etc. City JACKSONVILLE State FL Zip Code 32257

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 3/7/06 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: MGRM, CHARLES J. DAVID, 4522 OLD SPANISH TRAIL, JACKSONVILLE FL 32257. Includes stamp: REINSTATEMENT 04-06 and numbers 500069162045, 03/31/06--01032--018 \*\*250.00

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 3/7/06 Daytime Phone # 904/448-9668

Typed or printed name of signing Managing Member/Manager CHARLES J. DAVID