

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

01 DEC 31 AM 10:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L000000 16322

1. Limited Liability Company's Name

VOLBO PROPERTIES, L.L.C.

2. Principal Office Address

9225 BUTTWOOD ST.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32825

Country

USA

3. Mailing Office Address

9225 BUTTWOOD ST.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32825

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

12-29-00

6. FEI Number

59-3698658

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$500 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Miller and South, P.A. c/o Jeffrey P. Milhausen

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

2699 Lee Rd., Suite 120

Suite, Apt. #, Etc.

Suite 120

City

WINTER PARK

State

FL

Zip Code

32789

30004762123-7

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****155.00 ****155.00

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

REGISTERED AGENT MUST SIGN

Date

12-27-01

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
<u>mgr</u>	<u>DWAYNE D. VOLKEMA</u>	<u>9225 BUTTWOOD ST</u>	<u>ORLANDO, FL 32825</u>
<u>mgr</u>	<u>BERNARD A. BAUMANN</u>	<u>3139 CAMBRIA CT</u>	<u>ORLANDO, FL 32825</u>

REINSTATEMENT OK

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 made under oath.

Signature of Managing Member/Manager

Date 12-24-01

Daytime Phone # 407-222-1920

Typed or printed name of signing Managing Member/Manager

CR2ED41 (9/01)