

REINST - 250.00
CENT - 35.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAR -5 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000002856

1. Limited Liability Company's Name

FOI PROPERTIES, LLC

10/04/02

BM

2. Principal Office Address

8130 BAYBERRY ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

Zip

32256

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

2/23/2001

6. FEI Number

☒ 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

BLAKE F. DEAL III, ESQ., BARTLETT & DEAL, P.A.

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

135 PROFESSIONAL DRIVE

Suite, Apt. #, Etc.

SUITE 101

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082

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]

REGISTERED AGENT MUST SIGN

Date MARCH 5, 2004

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	CHRISTOPHER B. SCULLY	8130 BAYBERRY ROAD	JACKSONVILLE FL 32256
			800030683118 03/18/04--01012--008 **285.00

REINSTATEMENT

2002-2004

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

CL B Scully

Date 3/4/04

Daytime Phone # 904-731-0063

Typed or printed name of signing Managing Member/Manager

CHRISTOPHER B. SCULLY

CR2E041 (10/02)