PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN -8 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000003013

1. Limited Liability Company's Name
FIRST CHAIG REAL PROPERTIES, LLC.

2. Principal Office Address	3. Mailing Office Address
1306 WATERMAN QUARTER POINT	1306 WATERMAN QUARTER, POINT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRASELTON, GA	City & State: BRASELTON, GA.
Zip: 30517 Country: HALL	Zip: 30517 Country: HALL

4. State/Country of Formation: FLORIDA, BROWARD

5. Date Organized or Qualified To Do Business in Florida: MAY 15, 2001

6. FEI Number: 52-2300865 ☐ 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: FRANK MANDARO

Street Address (P.O. Box Number is Not Acceptable): 4215 6TH STREET WEST

Suite, Apt. #, Etc.:

City: LEEHIGH ACRES State: FL Zip Code: 33971

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01/13/04--01091--012 **250.00

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: Frank Mandaro Date: JAN 05, 2004
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	HENRY J PLANAS	1306 WATERMAN QUARTER POINT	BRASELTON GA. 30517
	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: Henry J. Planas Date: JAN 05 04 Daytime Phone #: 770-965-8054

Typed or printed name of signing Managing Member/Manager: HENRY J. PLANAS