

L01000005838

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 26 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000005838

1. Limited Liability Company's Name

E&E Investment Properties, LLC

500009370735
12/05/02--01026--010 **150.00

2. Principal Office Address

104 Meadow Wood Circle

Suite, Apt. #, etc.

3. Mailing Office Address

104 Meadow Wood Circle

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

Zip

32312

Country

USA

Zip

32312

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

April 16, 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

Curtis B. Hunter

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

1300 Thomaswood Drive

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32308

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 11/26/02

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	Edwin N. West, Jr.	104 Meadow Wood Circle	Tallahassee, FL 32312
MGRM	Edward M. Mitchell, Jr.	3536 N. Meridian Road	Tallahassee, FL 32312

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 11-20-02

Daytime Phone#

Typed or printed name of signing Managing Member/Manager

Edwin N. West, Jr.

CR2E041 (9/01)