

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

02 DEC 17 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000007463

Name and Mailing Address

0006567 01 FP 0.352 **PRSR TO 0 0615 33687-06566

SAFE HAVEN PROPERTY INVESTORS, LLC
P.O. BOX 290656
TAMPA FL 33687-0656



CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

Principal Place of Business

725 ARGYLE PLACE
TEMPLE TERRACE FL 33617

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05/11/2001

6. FEI Number

59-3719-326

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Wilma Moore

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

2215 Okara Rd

City Tampa

FL

Zip Code

33612

10. 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 08 Dec 2002

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DENT, JAMES L	P.O. BOX 290656	TAMPA FL 33687-0656
MGR	MALVEAUX DENT, WILLIE	P.O. BOX 290656	TAMPA FL 33687-0656
REINSTATEMENT 2002			
600009559186			
12/17/02 01049 004 **155.00			

12. 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

Date 05 Dec 2002

Daytime Phone # 813-220-5984