

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT  
FLORIDA DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS

FILED

03 APR -7 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000022299

1. Limited Liability Company's Name

C & W Properties, L.L.C.

600014452246  
04/10/03--01063--001 \*\*155.00

2. Principal Office Address

1142 S. Edgewood ave

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip

32205

Country

USA

Zip

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

12-19-01

6. FEI Number

32-0063750

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name

George, Robert B.

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

225 Water Street

Suite, Apt. #, Etc.

Suite 1500

City

Jacksonville

State

FL

Zip Code

32202

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]*

Date

REGISTERED AGENT MUST SIGN

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
MGR	David Weisman	4081 San Jose Blvd.	Jacksonville, FL 32207
MGR	Alan Cottrell	5045 Ortega Farms Pl.	Jacksonville FL 32210

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 3/18/03

Daytime Phone # 904-646-5054

Typed or printed name of signing Managing Member/Manager

David Weisman