

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT

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

APPROVED
AND
FILED

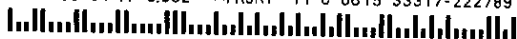
02 DEC 27 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000022814

Name and Mailing Address

0003406 01 FP 0.352 **PRSRT T1 0 0615 33317-222789



DONOVAN PROPERTIES ONE, L.L.C.

7489 NW 4TH STREET

PLANTATION FL 33317-2227

900009716569
12/27/02--01052--005 **150.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

7489 NW 4TH STREET
PLANTATION FL 33317

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

12/20/2001

6. FEI Number

65-1099112

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

DONOVAN, THOMAS
7489 NW 4TH STREET
PLANTATION FL 33317

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 12/4/02

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
MGRM	H.W Champion Enterprises, Inc	7489 NW 4th Street	Plantation, FL 33317

REINSTATEMENT 2000

JB
1-703

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

H.W Champion Enterprises, Inc

Date

12/23/02

Daytime Phone #

954-476-8800

Typed or printed name of signing Managing Member/Manager

Harold Reitman