

APPROVED  
AND  
FILED

02 DEC 12 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY  
REINSTATEMENT  
LOUISIANA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

L02000000176

DOCUMENT # L02000000176  
1. Limited Liability Company's Name  
LEN FAMILY PROPERTIES, L.L.C.

500009493005  
12/12/02--01105--001 \*\*155.00

REINSTATEMENT 2002

2. Principal Office Address 17605 US Highway 441 Suite, Apt. #, etc.		3. Mailing Office Address 17605 US Highway 441 Suite, Apt. #, etc.	
City & State Mt. Dora, FL		City & State Mt. Dora, FL	
Zip 32757	Country USA	Zip 32757	Country USA
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 12/29/01	
6. FEI Number N/A		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Lewis W. Stone		
Street Address (P.O. Box Number is Not Acceptable) 4850 North Highway 19A		
Suite, Apt. #, Etc.		
City Mt. Dora,	State FL	Zip Code 32757

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 12/11/02

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
M	Daniel J. Len	17605 US Highway 441	Mt. Dora, FL 32757

TB

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 11-26-02 Daytime Phone # 352-589-1520

Typed or printed name of signing Managing Member/Manager Daniel J. Len