

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |  |                                 |  |   |  |
|---|--|---------------------------------|--|---|--|
| <b>DOCUMENT # L02000007791</b>  |  |                                 |  |   |  |
| <b>1. Entity Name</b><br>BONIFAY PROPERTIES, LLC  |  |                                 |  |   |  |
| <b>Principal Place of Business</b><br>6300 CHERRY LAUREL DRIVE<br>MILTON, FL 32570  |  |                                 | <b>Mailing Address</b><br>6300 CHERRY LAUREL DRIVE<br>MILTON, FL 32570 |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>       |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.             |  |   |  |
| City & State  |  | City & State                    |  | <b>4. FEI Number</b><br>59-3685624  |  |
| Zip   |  | Country                         |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>WATSON, TODD<br>7785 BAYMEADOWS WAY, SUITE 107<br>JACKSONVILLE, FL 32256  |  |                                 |  | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;">FL</span> Zip Code |  |
| <b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b><br><br>SIGNATURE <span style="float: right;">DATE</span><br><small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |                                 |  |   |  |
| <b>FILE NOW!!! FEE IS \$200.00</b>  |  |                                 | <b>Make check payable to<br/>Florida Department of State</b>           |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |                                 | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>WATSON, JAMES A<br>6300 CHERRY LAUREL DRIVE<br>MILTON, FL 32570 | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: center;"> <b>000110740280</b><br/> <b>10/12/07--01060--007 **200.00</b> </div>     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>WATSON, GRACE W<br>6300 CHERRY LAUREL DRIVE<br>MILTON, FL 32570 | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b> |  |                                 |  |   |  |
| <b>SIGNATURE:</b>   |  |                                 | Date <span style="float: right;">850-623-2800</span>                   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |                                 | <small>Daytime Phone #</small>   |   |  |

REINSTATEMENT

06-07