PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. L02000012255

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV -1 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000012255

1. Limited Liability Company's Name

Duval Park, LLC

04

2. Principal Office Address		3. Mailing Office Address	
7961 CR 847		235 W. Brandon Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #128	
City & State: Bushnell Fl 33513		City & State: Brandon, Fl	
Zip: 33513	Country: US	Zip: 33511	Country: US

4. State/Country of Formation: Fla/US

5. Date Organized or Qualified To Do Business in Florida: 5/20/02

6. FEI Number: 20-1065404 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Hilda Cooper

Street Address (P.O. Box Number is Not Acceptable): 1505 Highway 60 West

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11/09/05--01054--011 **205.00

Suite, Apt. #, Etc.

City: Plant City, Fl State: FL Zip Code: 33567

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: Hilda K. Cooper Date: 11/1/05
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Hilda Cooper	1505 Highway 60 West	Plant City Fl 33567

REINSTATEMENT 2004-2005

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: Hilda K. Cooper Date: 11/1/05 Daytime Phone #

Typed or printed name of signing Managing Member/Manager