PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC -2 AM 10:53

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PRICE PROPERTIES, LLC
395 RICHARD ROAD
ROCKLEDGE FL 32955-3182

1. New Mailing Address

2. New Principal Place of Business
395 RICHARD ROAD
ROCKLEDGE FL 32955

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 09/10/2002

6. FEI Number [redacted] 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

~~ANDERSON, J. PATRICK~~
~~930 S. HARBOR CITY BOULEVARD, SUITE 505~~
~~MELBOURNE FL 32901~~

9. Name and Address of New Registered Agent

Name: Richard A Price SR
Street Address (P.O. Box Number is Not Acceptable): 395 Richard Rd
City: Rockledge FL Zip Code: 32955

I hereby 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 _____ Date _____

REGISTERED AGENT MUST SIGN

10. Name(s) and Street Address(es) of Each Managing Member/Manager

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	PRICE, RICHARD A SR.	395 RICHARD ROAD	ROCKLEDGE FL 32955

400024293514
10/30/03--01064--004 **100.00

REINSTATEMENT

900023765169
10/13/03 01096 009 50.00

I declare that I am a 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 608.508, F.S., and that all fees owed by this 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/Manage [redacted] Date 10/28/03 Daytime Phone # 321 632 4171

Typed or printed name of signing Managing Member/Manager