PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 AUG 21 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

400238695934
08/21/12--01005--025 **798.75

CR2E041 (1/11)

DOCUMENT # L02000026883

1. Limited Liability Company's Name

SMALLRIDGE PROPERTY LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office/Address
3693 VALLEY PARK WAY	3693 VALLEY PARK WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WORTH, FL	City & State: LAKE WORTH, FL
Zip: 33467 Country: USA ~~PALM BEACH~~	Zip: 33467 Country: USA ~~PALM BEACH~~

4. State/Country of Formation: FL, PALM BEACH, USA

5. Date Organized or Qualified To Do Business in Florida: 10-10-2002

6. FEI Number: ☐ 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

Name: MARK SMALLRIDGE

Street Address (P.O. Box Number is Not Acceptable): 3693 VALLEY PARK WAY

Suite, Apt. #, Etc.:

City: LAKE WORTH State: FL Zip Code: 33467

E-mail Address:

SMALLRIDGED@BELLSOUTH.NET

(To be used for future annual report notices)

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 _____ Date 8/17/12

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
MGR	MARK SMALLRIDGE	3693 VALLEY PARK WAY	LAKE WORTH FL 33467

J. SAULSBERRY
EXAMINER
AUG 31 2012

REINSTATEMENT
2008-2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 8/17/12 Daytime Phone # 561-634-6562

Typed or printed name of signing Managing Member/Manager _____