

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 NOV -7 PM 1:18

1. DOCUMENT # L02000033191

Name and Mailing Address

0015661 01 MB 0.309 **AUTO TB 0 0615 21042-523821



SOUTH PROPERTIES, LLC
3621 LIGON DRIVE
ELLCOTT CITY MD 21042-5238



US

CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/11/2002	
Principal Place of Business 11408 PARKSIDE PLACE BRADENTON FL 34202 US	3. New Principal Place of Business Address	6. FEI Number 13-4228503	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent CARDONA, GERMAN 11408 PARKSIDE PLACE BRADENTON FL 34202	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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] **SIGNATURE REQUIRED** Date 11/4/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Resident Agent	GERMAN CARDONA	11408 Parkside Place BRADENTON, FL 34202	BRADENTON, FL 34202

12. 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] **SIGNATURE REQUIRED** Date 11/4/03 Daytime Phone # 600023418026

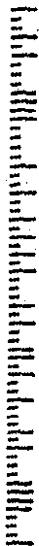
Typed or printed name of signing Managing Member/Manager 09/30/03 01023 009

REINSTATEMENT 03
dca



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314

21042+523A



Received 10/10/03

