

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 FEB 24 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000000494

1. Limited Liability Company's Name

Symbolism Properties, LLC

900169677559
02/18/10--01044--013 **516.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

6682 Orchid Lane N. P.O. Box 41683

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Maple Grove, MN

City & State

Plymouth, MN

Zip

55311

Country

USA

Zip

55441

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

1/6/2003

6. FEI Number

043731289

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

John Lancaster, P.A.

Street Address (P.O. Box Number is Not Acceptable)

500 South Florida Ave.

Suite, Apt. #, Etc.

Suite 800

City

Lakeland

State

FL

Zip Code

33801

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 2/16/10

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
<u>mgrm</u>	<u>Tarrel Davis</u>	<u>6682 Orchid Lane N.</u>	<u>Maple Grove MN 55311</u>

REINSTATEMENT 08-10 AL

11. E-mail Address:

(To be used for future annual report notifications)

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

Date 2/16/10

Daytime Phone # 612 327-8678

Typed or printed name of signing Managing Member/Manager