

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/1/04

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN -8 AM 8:06

DOCUMENT # L0300000 4760 R

1. Limited Liability Company's Name

TAFT PROPERTIES, LLC

CR2E041 (8/05)

2. Principal Office Address		3. Mailing Office Address	
3570 S Ocean Blvd			
Suite, Apt. #, etc. 403		Suite, Apt. #, etc.	
City & State South Palm Beach		City & State Florida	
Zip 33480	Country USA	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 12/23/2003	
6. FEI Number 14-192430	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name John Taft	
Street Address (P.O. Box Number is Not Acceptable) 3570 S. Ocean Blvd	100002640341 12/19/06--01033--014 **15.00
Suite, Apt. #, Etc. # 403	100002640341 01/05/07--01047--011 **300.00
City South Palm Beach	State FL
	Zip Code 33480

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

John Taft

REGISTERED AGENT MUST SIGN

Date 12/14/06

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
Pres	John Taft	3570 S Ocean Blvd	South Palm Beach FL 33480
Soc	Linda B Taft	3570 S Ocean Blvd	South Palm Beach FL 33480

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

John Taft

Date 12/14/06 Daytime Phone # 561 586 1431

Typed or printed name of signing Managing Member/Manager