PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| COMPANY | | | DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS | | | FILED MATH OCT -7 P 4: 14 | | | |
|--|--|---------------------------|---|------------------------|-----|----------------------------|---|--------------------------------|--|
| DOCUMENT # L 03 0000 13 9 86 1. Limited Liability Company's Name Southeast Properties , LLC | | | | | | | SECRETARY OF STATE SECRETARY OF STATE 104 AND SECRETARY OF STATE 10707/14-01014-018 **521.25 | | |
| 604 Springbank Terrace 604 Sp | | | 3. Mailing Off 604 Spri Suite, Apt. #, e | ringbank Terrace | | | 4. State/Country of Formation FL/USA | | |
| City & State Birmingham, AL Zip Country | | | City & State Birmingham, AL Zip Country | | | | 5. Date Organized or Qualified To Do Business in Florida April 14, 2003 6. FEI Number O1-0779089 7. St.00 Additional Fee required | | |
| 35242 | | 8. Name and Address | 35242 | | USA | | | | Intronal Fee required entificate of Status |
| Name Keith Cameron Koford Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue Suite, Apt. #, Etc. Suite 3300 City Miami | | | | State Zip Code | | | REINSTATEMENT | | |
| 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent Date 10/1/2014 REGISTERED AGENT MUST SIGN | | | | | | | | | |
| 10. Name | s and Stree | t Addresses of Authorized | Representatives/M | lanagers | | | | | |
| Titles | Name of Authorized Representatives/ Managers | | Street Address of Each Authorized Representative/ Manager | | | | City / State / 2 | Cip | |
| MGR | Michael Hughes | | | 604 Springbank Terrace | | | Terrace | Birmingham, A | L 35242 |
| MGR | Thomas E. Young | | | 206 Glen Eagles Drive | | | s Drive | Dothan, AL | 36305 |
| | | • | | | | | | B. BOSTIC OCT 132 FXAMIN | 014 |
| 11, E-mail Address: jmichaelhughes@aol.com | | | | | | | | | |
| (To be used for future annual report notifications) 12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 808, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 805.0012, 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 to the Department of State censtitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager Typed or printed name of signing Authorized Representative/Manager Keith Cameron Koford Michael Hughes | | | | | | | | | |