

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

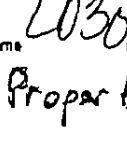
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2014 AUG 26 PM 12:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # L03000018105		1. Limited Liability Company's Name Siesta Key Properties, L.L.C	
2. Principal Office Address - No P.O. Box # 214 Pleasant Hill Dr Suite, Apt. #, etc.		3. Mailing Office Address 214 Pleasant Hill Dr Suite, Apt. #, etc.	
City & State Canterville OH		City & State Canterville OH	
Zip 45459	Country US	Zip 45459	Country US
6. Name and Address of Current Registered Agent Name STEVEN H Judd Street Address (P.O. Box Number is Not Acceptable) 2940 South Tamiami Trail Suite, Apt. #, etc.		4. State/Country of Formation FL / US	
City Sarasota		State FL	
Zip Code 34239		5. Date Organized or Qualified To Do Business in Florida 5/20/2003	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 805, F.S. Signature of Registered Agent [Signature]		6. FEI Number 56 23 66057	
REGISTERED AGENT MUST SIGN		7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a Certificate of Status	
10. Names and Street Addresses of Authorized Representatives/Managers		Date 8/22/2014	
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR Sean P. OBrien	Sean P. OBrien	214 Pleasant Hill Dr	Canterville/OH/45459
2011-2014			
11. E-mail Address: seanpobrien20@hotmail.com			
12. I certify that I am an authorized representative/manager of the receiver or trustee empowered to execute this application as provided for in the captioned Act. Further, when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0312, 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 constitutes a third degree felony as provided in s. 817.155, F.S.			
Signature of Authorized Representative/Manager [Signature]		Date 8/22/14	
Typed or printed name of signing Authorized Representative/Manager Sean P. OBrien		Daytime Phone # 937-371-7772	

SEP 02 2014

BRUCE