PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2014 AUG 26 PM 12:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100263742481
08/26/14--01027--021 **660.00

CR2E041 (1/14)

DOCUMENT # L03000018105

1. Limited Liability Company's Name
Siesta Key Properties, L.L.C

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
214 Pleasant Hill Dr	214 Pleasant Hill Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Centerville OH	City & State: Centerville OH
Zip: 45459 Country: US	Zip: 45459 Country: US

4. State/Country of Formation: FL / US

5. Date Organized or Qualified To Do Business in Florida: 5/20/2003

6. FEI Number: 56 2366057 ☐ 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: Steven H Judd

Street Address (P.O. Box Number is Not Acceptable): 2940 South Tamiami Trail

Suite, Apt. # Etc.

City: Sarasota State: FL Zip Code: 34239

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: Steven H Judd Date: 8/22/2014

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Sean P. OBrien	214 Pleasant Hill Dr	Centerville/OH/45459
		2012-2014	

11. E-mail Address: seanpobrien20@hotmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of the receiver or trustee empowered to execute this application as provided for in section 605.0212, F.S.; that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0212, 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: Sean P OB Date: 8/22/14 Daytime Phone #: 937 371-7772

Typed or printed name of signing Authorized Representative/Manager: Sean P OBrien

SEP 02 2014
BRUCE