

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 30 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000040853

1. Limited Liability Company's Name

West Floralina Properties, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 500 Rutile Dr. Suite, Apt. #, etc. City & State Ponte Vedra Beach, FL Zip 32082		3. Mailing Office Address 500 Rutile Dr. Suite, Apt. #, etc. City & State Ponte Vedra Beach, FL Zip 32082	
Country USA		Country USA	

4. State/Country of Formation USA	
5. Date Organized or Qualified To Do Business in Florida 10/24/2003	
6. FEI Number 45-0526109	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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 Randal C. Fairbanks			
Street Address (P.O. Box Number is Not Acceptable) 228 Ponte Vedra Park Drive 50 North Laura Street			
Suite, Apt. #, Etc. Suite 290 Suite 2500			
City Ponte Vedra Beach Jacksonville.	State FL	Zip Code 32082 32202	

☐ 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

Randal C. Fairbanks

REGISTERED AGENT MUST SIGN

Date 6-26-08

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
P	Robert W. Burk	500 Rutile Dr.	Ponte Vedra Beach, FL 32082
VP	Eric L. Burk	312 Kindling Wood Ln.	Waxhaw, NC 28173
MR	Susan B. Rogers (f/k/a Susan C. Burk)	4813 7th Ave.	Vienna, WV 26105
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REINSTATEMENT 06-08 *cus*

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

Eric L. Burk

Date 6/24/2008

Daytime Phone # (704) 350-7722

Typed or printed name of signing Managing Member/Manager

Eric L. Burk