

LEAVE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

104000014793

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 APR 15 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

200149331452

04/09/09--01041--012 \*\*138.75

CR2E041 (10/08)

DOCUMENT # 1.04000014793

1. Limited Liability Company's Name

EXPOREN PROPERTIES, LLC

09

2. Principal Office Address - No P.O. Box #

550 SE Chapman Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 7277

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

City & State

PORT ST. LUCIE, FL

Zip

34984 - 4751

Country

USA

Zip

34985

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 2/24/04

6. FEI Number

20-0774678

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

INCORP SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

17888 67th COURT NORTH

Suite, Apt. #, Etc.

City

LOXAHATCHEE

State

FL

Zip Code

33470

☒ 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

Inc Corp Services Inc.

Date 3/23/2009

REGISTERED AGENT MUST SIGN

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
MGR	RENALDO FLEMING	P.O. BOX 7277	PORT ST. LUCIE, FL 34985
MGR	VALERIE FLEMING	P.O. BOX 7277	PORT ST. LUCIE, FL 34985

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

R Fleming

Date 3/23/2009

Daytime Phone # 775 338 2593

Typed or printed name of signing Managing Member/Manager

RENALDO FLEMING