


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 10 APR -9 PH 2:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA 800168242628 02/08/10--01062--017 **243.75 CR2E041 (11/09)	
DOCUMENT # <u>L04000018566</u> 1. Limited Liability Company's Name <u>551 Properties, LLC</u>			
2. Principal Office Address - No P.O. Box # <u>275 Bayshore Blvd</u> Suite, Apt. #, etc. <u>1600</u> City & State <u>Tampa, FL</u> Zip <u>33606</u> Country		3. Mailing Office Address <u>275 Bayshore Blvd</u> Suite, Apt. #, etc. <u>1600</u> City & State <u>Tampa, FL</u> Zip <u>33606</u> Country	
4. State/Country of Formation		5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
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 <u>Darren Howard</u> Street Address (P.O. Box Number is Not Acceptable) <u>275 Bayshore Blvd #1600</u> Suite, Apt. #, Etc. <u>1600</u> City <u>Tampa</u> State <u>FL</u> Zip Code <u>33606</u>			
<input type="checkbox"/> 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 <u>[Signature]</u> Date <u>4/11/10</u> 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	Darren Howard	275 Bayshore Blvd #1600	Tampa, FL 33606
02/08/10-01062-017-#243.75 03/08/10-01004-003-#272.50			
11. E-mail Address: <u>sackaveli@yahoo.com</u> <small>(To be used for future annual report notifications)</small>			
12. 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 <u>[Signature]</u>		Date <u>4/11/10</u> Daytime Phone # <u>813 919 3372</u>	
Typed or printed name of signing Managing Member/Manager			

REINSTATEMENT 08-10 SA