L04000022961

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN 28 PM 2:31

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000022961

1. Limited Liability Company's Name

Joe's Properties, LLC

500167436635
01/28/10--01005--023 **655.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6818 Madrid Ave.	6818 Madrid Ave.
State, Apt. #, etc	State, Apt. #, etc
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32217 Country: USA	Zip: 32217 Country: USA

4. State/Country of Formation: Florida/Duval

5. Date Organized or Qualified To Do Business in Florida: 03/25/2004

6. FEI Number: 2009940444 Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required

8. Name and Address of Current Registered Agent

Name: Joe Joseph

Street Address (P.O. Box Number is Not Acceptable): 6818 Madrid Ave.

State, Apt. #, Etc

City: Jacksonville State: FL Zip Code: 32217

☐ 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: Joe Joseph — REGISTERED AGENT MUST SIGN — Date: 1/27/2010

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	Joe Joseph	6818 Madrid Ave.	Jacksonville, FL 32217

REINSTATEMENT 2007-2010

11. E-mail Address: _____ (to be used for future annual report notices)

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 608.408, 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: Joe Joseph Date: 1-27-10 Daytime Phone #: 904 463-5889

Typed or printed name of signing Managing Member/Manager: Joe Joseph