
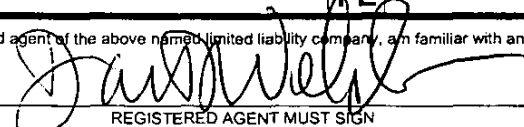
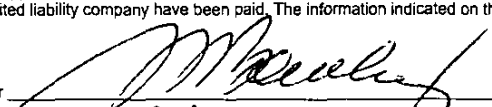


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">FILED</div> <div style="text-align: right; font-weight: bold; font-size: 1.1em;">07 OCT -5 PM 3:38</div> <div style="text-align: right; font-weight: bold; font-size: 1.1em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em; margin-top: 10px;">600110182276</div> <div style="text-align: right; font-weight: bold; font-size: 1.1em;">10/03/07--01002--022 **150.00</div> <div style="text-align: right; font-size: 0.8em; margin-top: 10px;">CR2E041 (1/07)</div>	
DOCUMENT # L04000036144					
1. Limited Liability Company's Name <div style="font-size: 1.5em; font-weight: bold; text-align: center;">Hibiscus Properties, LLC</div>					
2. Principal Office Address - No P.O. Box # 1344 Morningside Drive		3. Mailing Office Address 1344 Morningside Drive		4. State/Country of Formation Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 05/12/2004	
City & State Charleston, WV		City & State Charleston, WV		6. FEI Number 32-0116730	
Zip 25324		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 25324		Country		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name David D. Welch					
Street Address (P.O. Box Number is Not Acceptable) 2401 E. Atlantic Blvd.					
Suite, Apt. #, Etc. Suite 400					
City Pompano Beach					
State FL					
Zip Code 33062					
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  Date 8/30/07					
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		
MGRM	Samuel M. Bowling	1344 Morningside Drive	Charleston, WV 25324		
MGRM	Jane M. Bowling	1344 Morningside Drive	Charleston, WV 25324		
<div style="font-weight: bold; font-size: 1.2em;">REINSTATEMENT 05-07</div>					
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  Date 8/30/07 Daytime Phone # 304-549-5005					
Typed or printed name of signing Managing Member/Manager Samuel M. Bowling					