

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 11 AM 8:43

DOCUMENT # LC4000049742

1. Limited Liability Company's Name

MAWL PROPERTIES, LLC

2. Principal Office Address

145 N. Spring Trail

Suite, Apt. #, etc.

Altamonte Springs FL

City & State

32714

USA

Zip

Country

3. Mailing Office Address

145 N Spring Trail

Suite, Apt. #, etc.

Altamonte Springs FL

City & State

32714

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

201506765

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$3.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Lee Adler

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

145 N. Spring Trail

Suite, Apt. #, Etc.

Altamonte Springs

City

State

FL

Zip Code

32714

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

Lee M. Adler

REGISTERED AGENT MUST SIGN

Date 10/6/05

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
<u>MGR</u>	<u>Adler, Lee</u>	<u>145 N Spring Tr.</u>	<u>Altamonte Spg FL 32714</u>

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

Lee M. Adler

Date 10/6/05

Daytime Phone #

(407) 682-7789

Typed or printed name of signing Managing Member/Manager

Lee M. Adler

CR2E041 (10/02)