

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000051020

BK

1. Limited Liability Company's Name

FAMILY AFFAIR PROPERTIES LLC

09

2. Principal Office Address - No P.O. Box #
12649 52ND ROAD NORTH

3. Mailing Office Address
12649 52nd Road North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ROYAL PALM BEACH, FL

City & State
ROYAL PALM BEACH, FL

Zip
33411

Country
USA

Zip
33411

Country
USA

8. Name and Address of Current Registered Agent

Name
CORPORATE CREATIONS NETWORK INC.

Street Address (P.O. Box Number is Not Acceptable)
11380 PROSPERITY FARMS ROAD

Suite, Apt. #, Etc.
#221E

City
PALM BEACH GARDENS

State
FL

Zip Code
33410

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

[Signature]

REGISTERED AGENT MUST SIGN

BK

Date **July 3, 2007**

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	JACQUELINE THOMSEN	12649 52ND ROAD NORTH	ROYAL PALM BEACH FL 33411
MGR	EDWARD THOMSEN	12649 52ND ROAD NORTH	ROYAL PALM BEACH FL 33411

REINSTATEMENT 2005-2007

300105868963
07/10/07--01039--020 **150.00

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

[Signature]

Date **July 3, 2007**

Daytime Phone # **561-694-8107**

Typed or printed name of signing Managing Member/Manager

EDWARD THOMSEN by Angela Howard as attorney in fact

FILED

07 JUL -5 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **07/08/2004**

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.