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SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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CR2E041 (1/07)

DOCUMENT # L04000059967

1. Limited Liability Company's Name
CDI Property Holdings, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1710 Lee Road	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State: FL
Zip: 32810 Country: USA	Zip: Country:

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 8/12/04

6. FEI Number: 42-1746714 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: B&C Corporate Services of Central FL, Inc.
Street Address (P.O. Box Number is Not Acceptable): 390 N ORANGE AVE
Suite, Apt. #, Etc.: Ste 1400
City: Orlando State: FL Zip Code: 32801

☐ 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: B&C Corporate Services of Central Florida, Inc. By: [signature] Date: 11/21/07
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
MGR	David A. Janney	1710 Lee Rd	Orlando FL 32810
MGRM	Al Janney	563 Jade Wood Ave	Orlando FL 32825
		REINSTATEMENT 2006-07	

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: Attached Date: Daytime Phone #: 321-235-0029

Typed or printed name of signing Managing Member/Manager:

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Signature of Managing Member/Manager

November 21, 2007

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