2006 LIMITED LIABILITY COMPANY REINSTATEMENT

| | REINSTATEMENT | | | | | SECOUTEFUL | .ED | |
|--|---|---|------------|--|------------|---------------------|---|------------|
| DOCUMENT # L0400079553 1. Entity Name FREEWAY PROPERTIES USA, LLC | | | | | וס | VISION DE C | ED COFSTATE ORPORATIONS | |
| THEE WATT NOT ENTIRE GOT, LEG | | | [| | | 06 JAN 18 | AM 9: 20 | |
| Principal Place of Business 3730 BROOKMYRA DRIVE ORLANDO, FL 32837 US | | Mailing Address 3730 BROOKMYRA DRIVE ORLANDO, FL 32837 US | | d) / | | | | |
| 2. Principal P | lace of Business | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01112006 | REIN-LLC | CR2E101 (11/05) | |
| City & State | | City & State | | 4. FEI Numb | -183054/ | · | pplied For | |
| Zip | Country | Zip | Countr | у | | e of Status Desired | S5.00 Add Fee Require | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name an | d Address of New I | Registered Agent | |
| SMALL BUSINESS RESOURCES, INC. 773 S. KIRKMAN ROAD | | | | Name JAY L MERRITT Street Address (P.O. Box Number is Not Acceptable) | | | | |
| SUITE118 ORLANDO, FL 32811 | | | | 3730 BROOK MYRA DRIVE | | | | |
| | | 1800 | City OR LE | | | | FL Zip Cod | マフ |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | | |
| SIGNATURE Signature, ped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| FILE NOW!!! FEE IS \$100.00 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of State | | | | | | | | |
| 9. | MANAGING MEMBE | RS/MANAGERS | 10. | | | ADDITIONS | CHANGES | |
| TITLE | MGR | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition |
| NAME | MERRITT, JAY L | | NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 3730 BROOKMYRA DRIVE ORLANDO, FL 32837 | | CITY- | T ADDRESS ST-ZIP | | | | |
| TITLE | 0112.11100,112.02001 | ☐ Delete | TITLE | | | <u>iooo</u> s | 500 45 64 64 64 64 64 64 64 64 64 64 64 64 64 | Addition |
| NAME | | | NAME | | 02 | /01/0601 | 083018 ** | 100.00 |
| STREET ADDRESS CITY-SI-ZIP | | | | T ADDRESS ST-ZIP | | | | |
| TITLE | | Delete | TITLE | 31-211 | | | ☐ Change | Addition |
| NAME | | | NAME | D | TOWN | ASTICIDATE | | 0/- |
| STREET ADDRESS | | | | T ADORESS | | | YA B () > . | 00 |
| CITY-ST-ZIP | | Delete | TITLE | | | | Change | Addition |
| NAME | | La belete | NAME | | | | □ ¢åe | |
| STREET ADDRESS | | | | T ADDRESS | | | | 1 |
| CITY-ST-ZIP | | | | ST-ZIP | | | | |
| TITLE NAME | | ☐ Delete | TITLE | | | | ☐ Change | Addition |
| STREET ADDRESS | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | | ST-ZIP | | | | |
| TITLE NAME | | ☐ Delete | TITLE | i | | | Change | Addition |
| STREET DORESS | - | | STREE | T ADDRESS ST-ZIP | | | . · | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the | | | | | | | | |
| limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Date Date Date Date Date | | | | | | | | |