

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 31 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000083210

1. Limited Liability Company's Name

FLAGLER PROPERTIES LLC

000147952150
03/30/09--01034--008 **516.25
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

10-B FLORIDA PARK DR.
Suite, Apt. #, etc.

3. Mailing Office Address

10-B FLORIDA PARK DR.
Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA / FLAGLER

5. Date Organized or Qualified
To Do Business in Florida

11-16-04

6. FEI Number

20-1903379

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.

8. Name and Address of Current Registered Agent

Name LEN SPOONER

Street Address (P.O. Box Number is Not Acceptable)
9950 S OCEAN DRIVE

Suite, Apt. #, Etc. 1904

City JENSEN BEACH

State FL Zip Code 34957

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 Len Spooner
REGISTERED AGENT MUST SIGN

Date 3-25-09

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>MGRM</u>	<u>LEN SPOONER</u>	<u>9950 S OCEAN DRIVE #1904</u>	<u>JENSEN BEACH, FL 34957</u>

REINSTATEMENT 2007-09

JB

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 Len Spooner

Date 3-25-09 Daytime Phone # 772.260.7085

Typed or printed name of signing Managing Member/Manager LEN SPOONER