PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF COPE MATION

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DOCUMENT # 1. Limited Liability Company's Name								REINSTATEMENT DIO LON			
North Florida Real Properties								700147721677 03/27/0901032016 **281.25			
2. Princip	Office Address				INSTATERIENT						
86164 Vegas Blvd 86164 Vegas Blvd Suite, Apt. #, etc. Suite, Apt. #								4. State/Country of Formation Nassau County, FL			
Suite, Apt.	, o.c.				5. Date Organized or Qualified						
City & State				\dashv	To Do Business in Florida						
Yulee, FL Yule				e, FL				6. FEI Number Applied For Not Applicable			
^{Zip} 32097	I -		Zip 32097	'				7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent											
Name Ronald G. Miller									00 reinstatement fee is imposed, except		
Street Address (P.O. Box Number is Not Acceptable) 86164 Vegas Blvd									in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were		
Suite, Apt. #, Etc.								not received and requesting the \$100 reinstatement be waived.			
City Yulee			State Zip Code 32097								
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 REGISTERED AGENT MUST SIGN								Date 3-25-2009			
10. Name	es and Street	Addresses of Managing Me	mbers/Managers	i							
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Mana				er City / State / Zip			
Mar	Ronald G. Miller			86164 Vegas Blvd					Yulee, FL 32097		
Mbr	Sylvia M. Mobley			268 SW Memorial Drive					Ft. White, FL 32038		
Mbr_	V. Sue Miller			782 Ellis Road					Tallahassee, FL 32308		
	03/16/090							1040013	3 **135.00 <u> </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 filling 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 Date 3-24-2009 Daytime Phone# 904-849-7321											
Typed or printed name of signing Managing Member/Manager Ronald G. Miller											