

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
 2008 NOV - 6 P 3:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # LA5000004769

1. Limited Liability Company's Name

A + E PROPERTIES, LLC

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

505 N. Liberty St
Suite, Apt. #, etc.

3. Mailing Office Address

505 N. Liberty St
Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE FL

Zip

32202

Country

DUVAL

Zip

32202

Country

DUVAL

4. State/Country of Formation

Florida / UNITED STATES

5. Date Organized or Qualified
To Do Business in Florida

1-18-2005

6. FEI Number

☐ 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

William Jay W.

Street Address (P.O. Box Number is Not Acceptable)

505 N. Liberty St

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32202

☐ 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

Jay Williams

REGISTERED AGENT MUST SIGN

Date 10/21/08

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
P	Reginald E Hall	505 N Liberty St	JACKSONVILLE, FL 32202
			600137182956 10/22/08--01053--002 **521.25

REINSTATEMENT 2006-2008

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

A. Scott Hall

Date

11/4/08

Daytime Phone #

904-353-9097

Typed or printed name of signing Managing Member/Manager

A. Scott Hall



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 NOV -6 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 29, 2008

H & E PROPERTIES, LLC
505 N LIBERTY ST
JACKSONVILLE, FL 32202

SUBJECT: H & E PROPERTIES, LLC
Ref. Number: L05000004769

We have received your document for H & E PROPERTIES, LLC and your check(s) totaling \$521.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or manager of the limited liability company.

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 308A00055494