PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC 18 PM 1:12

DOCUMENT # L05000012913

1. Limited Liability Company's Name

Link Property II, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
6011 Waverly Road	1517 Oakfield Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weeki Wachee, FL	City & State: Brandon, FL
Zip: 34607 Country: USA	Zip: 33511 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 2/8/2005

6. FEI Number: 20-2347262 ☐ 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: Jeffrey M. Lasman, Esq.
Street Address (P.O. Box Number is Not Acceptable): 6152 Delancey Station Street
Suite, Apt. #, Etc.: Suite 205
City: Riverview State: FL Zip Code: 33578

☒ 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: X [signature] REGISTERED AGENT MUST SIGN Date: 12/12/07

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
MGRM	Shirley A. Link	6011 Waverly Road	Weeki Wachee, FL 34607
			900112205059 12/17/07--01067--012 **200.00
	REINSTATEMENT 2007		

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: Shirley A. Link Date: 12/6/07 Daytime Phone #: 352-597-8173

Typed or printed name of signing Managing Member/Manager: Shirley A. Link