

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2009 DEC 30 PM 3: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900163885649
12/22/09--01028--012 **516.25

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000013683

1. Limited Liability Company's Name

VIVRUDY PROPERTIES LLC

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

8513 PARROTS LANDING DR

Suite, Apt. #, etc.

3. Mailing Office Address

8513 PARROTS

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33647

Country

USA

Zip

33647

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified

To Do Business in Florida 02/09/05

6. FEI Number

20-2304628

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

DANA GREGORY

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

8513 PARROTS LANDING DR

Suite, Apt. #, Etc.

City

TAMPA

State

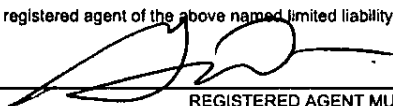
FL

Zip Code

33647

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

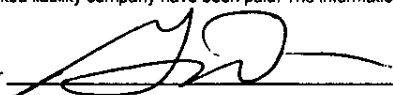
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGMR	GREGORY DANA	8513 PARROTS LANDING DR	TAMPA FL 33647

REINSTATEMENT 07-09 AL

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



Date 10/29/09

Daytime Phone # 813-239-3070

Typed or printed name of signing Managing Member/Manager GREGORY DANA