

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP -5 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600109295316
09/11/07--01018--019 **205.00

CR2E041 (1/07)

DOCUMENT # **LD5-42831**

1. Limited Liability Company's Name

Truth Heritage Properties LLC

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

8519 Franjo Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Meane, FL

Suite, Apt. # etc

City & State

Meane, FL

City & State

FL

Zip

33189

Country

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

4/28/05

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$100 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Sandy Walker

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

8519 Franjo Rd

Suite, Apt. #, Etc.

City

Meane, FL

State

FL

Zip Code

33189

☐ 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

Sandy Walker

REGISTERED AGENT MUST SIGN

Date

8/23/07

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
MANAGER	Sandy Walker	8519 Franjo Rd	Meane, FL 33189

REINSTATEMENT

**0601
JMS**

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 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

Sandy Walker

Date

8/23/07

Daytime Phone #

786 295 5596

Typed or printed name of signing Managing Member/Manager