
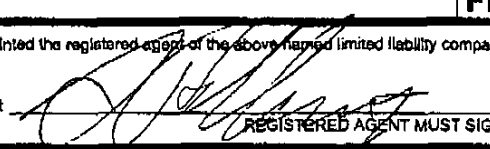
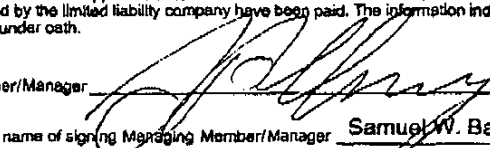


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000048671			
1. Limited Liability Company's Name VALHALLA PROPERTIES, LLC			
2. Principal Office Address - No P.O. Box # 2304 East Fletcher Avenue Suite, Apt. #, etc. City & State Tampa, Florida Zip 33612 Country Hillsborough		3. Mailing Office Address 2304 East Fletcher Avenue Suite, Apt. #, etc. City & State Tampa, Florida Zip 33612 Country Hillsborough	
4. State/Country of Formation Florida / Hillsborough		5. Date Organized or Qualified To Do Business in Florida 05/16/2005	
6. FEI Number 20-2858884		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		55.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Samuel W. Ballinger Street Address (P.O. Box Number is Not Acceptable) 2304 East Fletcher Avenue Suite, Apt. #, Etc. City Tampa State FL Zip Code 33612			
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  Date 11/06/2008 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Samuel W. Ballinger	2304 East Fletcher Avenue	Tampa, Florida 33612
REINSTATEMENT			
FF \$138.75 ues 5.00			
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 608.408, 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 11/06/2008 Daytime Phone # 813-374-2285 Typed or printed name of signing Managing Member/Manager Samuel W. Ballinger			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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