

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL 27 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000052825

1. Limited Liability Company's Name

W10-31024

FLAProperty Investments LLC

400182577214
06/24/10--01032--003 **377.50
400182577214
07/23/10--01036--003 **516.25

CR2E041 (05/10)

| | | | |
|----------------------------------------------------------------------------------|---------------------|--------------------------------------|---------|
| 2. Principal Office Address - No P.O. Box # 3256 Bentley Dr 3949 Lakeshore Dr | | 3. Mailing Office Address Same Dr | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Palm Harbor, FL | | City & State | |
| Zip 34684 | Country Pinellas | Zip | Country |

| | |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 4. State/Country of Formation Florida | |
| 5. Date Organized or Qualified To Do Business in Florida 06/01/05 | |
| 6. FEI Number 20-2912081 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

| | | | |
|---------------------------------------------------------------------------------------------|-------------|-------------------|--|
| 8. Name and Address of Current Registered Agent | | | |
| Name Fred Garnes | | | |
| Street Address (P.O. Box Number is Not Acceptable) 3256 Bentley Drive 3949 Lakeshore Dr. | | | |
| Suite, Apt. #, Etc. | | | |
| City Palm Harbor, | State FL | Zip Code 34684 | |

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 6-21-10

REGISTERED AGENT MUST SIGN

| 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 |
| mbr | Fred Garnes | 3256 Bentley Dr | Palm Harbor, FL 34684 |
| mbr | Francis H. D'Egidio | 75 Grand Blvd. | Huntington, WV 25705 |
| | L. SELLERS | | |
| | JUL 28 2010 | | |
| | EXAMINER | | |
| | | REINSTATEMENT | 08 2010 |

11. E-mail Address: _____ (To be used for future annual report notifications)

12. 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 6-21-10 Daytime Phone # 1-888-377-0772

Typed or printed name of signing Managing Member/Manager