

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 APR 10 P 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L05 000056992

1. Limited Liability Company's Name

Four Property Group, LLC

2. Principal Office Address - No P.O. Box #  
9040 Town Center Parkway

3. Mailing Office Address

Suite, Apt. #, etc.  
Suite 106

Suite, Apt. #, etc.

City & State  
Bradenton

City & State

Zip Country  
FL 34202

Zip Country

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida June 8, 2005

6. FEI Number  
20-2975621

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  
Billie H. Delaney

Street Address (P.O. Box Number is Not Acceptable)  
7613 Desert Inn Way

Suite, Apt. #, Etc.

City  
Bradenton

State Zip Code  
FL 34202

☒ 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

*Billie H. Delaney*  
REGISTERED AGENT MUST SIGN

Date

*12-15-07*

**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
T	Robert J. Delaney	7613 Desert Inn Way	Bradenton, FL 34202
VP	Billie H. Delaney	7613 Desert Inn Way	Bradenton, FL 34202
S	David K. Watson	9040 Town Center Parkway, Ste.106	Bradenton, FL 34202
P	Melanie J. Watson	9040 Town Center Parkway, Ste 106	Bradenton, FL 34202
<b>REINSTATEMENT</b> <i>06-08</i> <i>gh</i> <b>S00113554485</b> 01/02/08--01038--001 **50.00			
<b>S00113554485</b> 04/07/08--01008--012 **366.25			

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

*Billie H. Delaney*

Date

*12-15-07*

Daytime Phone #

*941-907-2094*

Typed or printed name of signing Managing Member/Manager

*BILLIE H. DELANEY*