

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 14 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600149330756
04/09/09--01041--005 **416.25
CR2E041 (10/08)

DOCUMENT # L05000065878

1. Limited Liability Company's Name

FLAG PROPERTIES LLC

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

5256 Cedar Street

Suite, Apt. #, etc.

3. Mailing Office Address

5256 Cedar Street

Suite, Apt. #, etc.

City & State

Campbellton, FL

City & State

CAMPBELLTON, FL

Zip

32426

Country

USA

Zip

32426

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

07/05/2005

6. FEI Number

203223677

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

F. N. CLARK

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

5256 Cedar Street

Suite, Apt. #, Etc.

Cam

City

CAMPBELLTON

State

FL

Zip Code

32426

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 3/29/09

REGISTERED AGENT MUST SIGN

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.

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
	CLARK, F. N.	5256 Cedar Street	Campbellton, FL 32426
	S. HAWKES		
	APR 15 2009		
	EXAMINER		
			REINSTATEMENT
			2007-09

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 3/29/09

Daytime Phone# 850-573-2063

Typed or printed name of signing Managing Member/Manager F.N. Clark