

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L050000075 996

1. Limited Liability Company's Name

FVL Property Management,
LLC

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

1950 44-tn Q44 1950 44-tn Q44

Suite, Apt. #, etc.

3. Mailing Office Address

1950 44th Ave

Suite, Apt. #, etc.

City & State

Waco Beach, FL | Waco Beach, FL

[illegible]

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8. Name and Address of Current Registered Agent

Name Sueann Kellen

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

1950 44th Avenue

Suite, Apt. #, Etc.

City	State	Zip Code
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Use black FL 32966

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 Susan Keller Date 4-15-09

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
MGR	Darnell Hair	1950 44 th Ave	West Beach, FL 33508
S/T	Susan Keller	1950 44 th Ave	West Beach, FL 33508

REINSTATEMENT

2006-09

S. HAWKES

APR 23 2009

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided 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 [Signature] Date 4-15-09 Daytime Phone # 772-453-9554

Typed or printed name of signing Managing Member/Manager SUSAN KELLER

FILED
09 APR 21 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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