2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000082259

Entity Name: FFS PROPERTIES, LLC

FILED Mar 23, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1034 SWEETBROOK WAY ORLANDO, FL 32828 US

Current Mailing Address: New Mailing Address:

1034 SWEETBROOK WAY ORLANDO, FL 32828 US

FEI Number: 20-3359893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHARLES FLEMING

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM

Name: FLEMING, CHARLES A
Address: 1034 SWEETBROOK WAY
City-St-Zip: ORLANDO, FL 32828 US

Title: MGRM

Name: FLEMING, KERRY L Address: 1034 SWEETBROOK WAY City-St-Zip: ORLANDO, FL 32828 US

Title: MGRM

Name: FORD, LAWRENCE

Address: 5831 OXFORD MOOR BOULEVARD City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM

Name: FORD, MELODIS Y

Address: 5831 OXFORD MOOR BOULEVARD City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM

Name: SIPLIN, MICHAEL
Address: 11338 RAPALLO LANE
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM

Name: SIPLIN, VENETIA
Address: 11338 RAPALLO LANE
City-St-Zip: WINDERMERE, FL 34786 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: CHARLES FLEMING MGRM 03/23/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date