## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000102894 1. Entity Name 2007 HAY 16 PH 2: 12 WTMJ PROPERTIES III, LLC Principal Place of Business Mailing Address 8109 THE MERES DRIVE -8109 THE MERES DRIVE MOUNT DORA, FL 32757 MOUNT DORA, FL 32757 2. Principal Place of Business - No P.O. Box # Mailing Addr Suite, Apt. #, etc. Suite, Apt. #, etc. 05102007 REIN-LLC CR2E101 (1/07) City & State 4. FEI Number Applied For Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARY JANE BLAND Street Address (P.O. Box Number is Not Acceptable) 8109 THE MERES DRIVE MOUNT DORA, FL 32757 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of edistered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOWIII FEE IS \$100.00 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARY JANE BLAND NAME NAME 100103289291 STREET ADDRESS 8109 THE MERES DRIVE STREET ADDRESS 05/25/07--01025--014 \*\*100.00 MOUNT DORA, FL 32757 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITL F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this teport is true and accurate and that my 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 by the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OR PRI ME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE