

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 OCT 15 PM 1:34

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000110180

1. Limited Liability Company's Name

EXCELSIOR PROPERTIES, LLC

09

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 1392 SAND FOREST DR Suite, Apt. #, etc.		3. Mailing Office Address PO BOX 254 Suite, Apt. #, etc.	
City & State GULF BREEZE FL		City & State GULF BREEZE FL	
Zip 32563	Country	Zip 32563	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 11/15/2005	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name CORPORATION SERVICE COMPANY	
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET	
Suite, Apt. #, Etc.	
City TALLAHASSEE	State FL
Zip Code 32301	

☒ 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, certify that I will fulfill the obligations of Chapter 608, F.S.	
Signature of Registered Agent <i>Carina L. Dunlap</i>	Carina L. Dunlap Asst. Vice President Date 10-14-09
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
MBR	PIERRE BARKHUIZEN	1392 SAND FOREST DR	GULF BREEZE FL 32563
MBR	CHRISTY BARKHUIZEN	1392 SAND FOREST DR	GULF BREEZE FL 32563
			100161764391
REINSTATEMENT 2009			

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. I declare that the information furnished 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 *Pierre Barkhuizen* Date 10/02/2009 Daytime Phone # 850-375-6640

Typed or printed name of signing Managing Member/Manager PIERRE BARKHUIZEN



CORPORATION SERVICE COMPANY

LU5000110180

ACCOUNT NO. : I20000000195

REFERENCE : 154936 7509400

AUTHORIZATION :

COST LIMIT :

*Spencer*  
138.75

ORDER DATE : October 14, 2009

ORDER TIME : 5:29 PM

ORDER NO. : 154936-005

CUSTOMER NO: 7509400

143.75

RECEIVED  
09 OCT 15 AM 10:39  
DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: EXCELSIOR PROPERTIES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - Ext# 2951

EXAMINER'S INITIALS

*BK*

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