PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2010 OCT 19 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/04/10--01057--011 **377.50

CR2E041 (05/10)

DOCUMENT # L06000020422

1. Limited Liability Company's Name

SNS PROPERTIES, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4746 ROWAN ROAD	3830 MORENO DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW PORT RICHEY, FL	City & State: PALM HARBOR, FL
Zip: 34653 / Country:	Zip: 34685 / Country:

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 2/23/06

6. FEI Number: 83-0449770 ☐ 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: AKRAM, ZAHID

Street Address (P.O. Box Number is Not Acceptable): 3830 MORENO DRIVE

Suite, Apt. #, Etc.:

City: PALM HARBOR | State: FL | Zip Code: 34685

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: Z Akram Date: 09/30/10

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
MGRM	AKRAM, ZAHID	3830 MORENO DR	PALM HARBOR FL 34685
MGRM	AKRAM, ANJUM	3830 MORENO DR	PALM HARBOR FL 34685
	REINSTATEMENT -09-10		

11. E-mail Address: zakram@tampabay.rr.com
(To be used for future annual report notifications)

12. 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: Z Akram Date: 09/30/10 Daytime Phone #: 727 937-5106

Typed or printed name of signing Managing Member/Manager: ZAHID AKRAM

C.L.