PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV 13 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (10/08)

DOCUMENT # L06000048107

1. Limited Liability Company's Name

Florida World Properties II, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
7550 South Westmoreland Road		Cauthen & Feldman, P.A.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 215 North Joanna Ave.	
City & State: Dallas, Texas		City & State: Tavares, FL	
Zip: 75237	Country: US	Zip: 32778	Country: US

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business In Florida: 05/09/2006

6. FEI Number: 204853600 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: George M. Mathew

Street Address (P.O. Box Number is Not Acceptable): 1424 Mosswood Drive

Suite, Apt. #, Etc.

City: Leesburg, FL | State: FL | Zip Code: 34748

☐ 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, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 11/4/2009

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	George M. Mathew	1424 Mosswood Drive	Leesburg, FL 34748

REINSTATEMENT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.0108, 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: 11/4/2009 Daytime Phone #: (352) 728-2532

Typed or printed name of signing Managing Member/Manager: George M. Mathew

N. Cauthen NOV 16 2009