

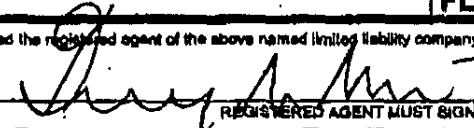
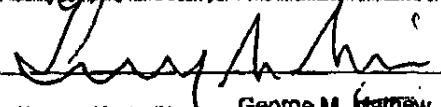
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA300162700323
11/10/09--01031--002 **243.75

CR2ED41 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L06000048107					
1. Limited Liability Company's Name Florida World Properties II, LLC					
2. Principal Office Address - No P.O. Box # 7550 South Westmoreland Road Suite, Apt. #, etc. City & State Dallas, Texas Zip 75237			3. Mailing Office Address Cauthen & Feldman, P.A. Suite, Apt. #, etc. 215 North Joanna Ave. City & State Tavares, FL Zip 32778		
Country US			Country US		
4. State/Country of Formation FL					
5. Date Organized or Qualified To Do Business in Florida 05/09/2006					
6. FEI Number 204853800				Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒					
☐ 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.					
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					
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  Date 11/4/2009 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Manager	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 605.406, 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  Date 11/4/2009 Daytime Phone # (352) 728-2532 Typed or printed name of signing Managing Member/Manager George M. Mathew					