

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY -8 PM 3: 33

DOCUMENT #

1. Limited Liability Company's Name

SANDS Property Holdings, L.L.C.

REINSTATEMENT 08-09 18M

400155460014
05/05/09--01037--018 **377.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

8131 Vineland Avenue

Suite, Apt. #, etc.

229

City & State

Orlando, Florida

Zip

32822

Country

America

3. Mailing Office Address

SAME AS Principal Address

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32821

Country

America

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

MAY 12, 2006

6. FEI Number

13-4333649

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

SIMON SANDS

Street Address (P.O. Box Number is Not Acceptable)

7865 Sugar Road Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

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

Simon Sands

REGISTERED AGENT MUST SIGN

Date April 30th, 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
Manager	Eddie Talley	7865 Sugar Road drive	Orlando, FL 32819
Manager	Suzanne Edler	7865 Sugar Road drive	Orlando, FL 32819
President	SIMON SANDS	7865 Sugar Road drive	Orlando, FL 32819

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. 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

Simon Sands

Date 04/30/09

Daytime Phone # 321-297-1963

Typed or printed name of signing Managing Member/Manager SIMON SANDS