

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUN 10 AM 10:33

SECRETARY OF STATE
TALLAHASSEE FLORIDALIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000108943

1. Limited Liability Company's Name

Edward L. Hines Properties, LLC

500156131235
05/18/09--01029--004 **516.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
160 Spring Drive3. Mailing Office Address
P.O. BOX 579

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Zionsville, INCity & State
Zionsville, INZip
46077Country
U.S.Zip
46077Country
U.S.4. State/Country of Formation
Florida/United States5. Date Organized or Qualified
To Do Business in Florida 11-09-066. FEI Number
28-4468355Applied For
Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Michael M. DislerStreet Address (P.O. Box Number is Not Acceptable)
329 South Commerce Avenue

Suite, Apt. #, Etc.

City
SebringState
FL Zip Code
33870☐ 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 608, F.S.

Signature of
Registered Agent*Michael M. Disler*

Date 6-4-09

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
MGRM	Jeffrey E. Hines	160 Spring Drive	Zionsville, IN. 46077
MGRM	Kyle Hines	529 Timbrook Circle	Beech Grove, IN. 46107

REINSTATEMENT 07, 09

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 608.408, 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*Jeffrey E. Hines*

Date 5/15/09 Daytime Phone # 317-709-6000

Typed or printed name of signing Managing Member/Manager Jeffrey E. Hines