2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 22, 2009
Secretary of State

DOCUMENT# L06000109033

Entity Name: GKS PROPERTIES, LLC

Current Principal Place of Business:

4345 LANDOVER DR
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4345 LANDOVER DR
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-5988804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KHAZAAL, FADI
944 ACAPULCO RD.
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FADI KHAZAAL

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KHAZAAL, FADI
Address: 944 ACAPULCO RD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR ( ) Delete
Name: ISAAC, BRETT
Address: 4345 LANDOVER DR.
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR ( ) Delete
Name: KHAZAAL, NADER
Address: 5437 SHERI LANE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRETT ISAAC MEMB 10/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date