

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 16 PM 12:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L 06000122956

1. Limited Liability Company's Name

NAVARRE TWO Plus L.L.C.

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

1271 RIO GRANDE CIR

Suite, Apt. #, etc.

3. Mailing Office Address

1271 RIO GRANDE CIR

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

Zip

32505

Country

City & State

PENSACOLA, FLORIDA

Zip

32505

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/29/06

6. FEI Number

20-8139593

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

OSCAR L. SAVARY JR

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

1271 RIO GRANDE CIRCLE

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32505

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-12-08

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	BLESSED PROPERTIES INC	1509 GREEN MOUNTAIN DR	LITTLE ROCK, AR. 72211

600139025356
12/15/08--01060--024 **138.75

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 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

[Signature]

Date 12-12-08 Daytime Phone # 850: 607-238

Typed or printed name of signing Managing Member/Manager

OSCAR L. SAVARY JR