

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG -4 AM 10:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

100159014641
07/29/09--01034--004 **138.75

CR2E041 (10/08)

DOCUMENT # LOG000122956

1. Limited Liability Company's Name

NAVARRE TWO PLUS, LLC

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.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

City & State

PENSACOLA FLORIDA

City & State

PENSACOLA FLORIDA

Zip

32505

Country

U.S.A.

Zip

32505

Country

U.S.A.

6. FEI Number

20-B139593

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. SAYARY 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

Oscar L. Sayary Jr
REGISTERED AGENT MUST SIGN

Date

7-27-09

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
<u>MGR</u>	<u>BLESSED PROPERTIES INC</u>	<u>1509 GREEN MANE DR</u>	<u>LITTLE ROCK, AR 72211</u>

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

Oscar L. Sayary Jr

Date

7-27-09

Daytime Phone #

850 725-6202

Typed or printed name of signing Member/Manager

OSCAR L. SAYARY JR.