## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	DMPANY Secretary of State		13 AUG 14 PH 2: 26		
DOCUMENT # L0700007028  1. Limited Liability Company's Name			T,	SECRETART OF STATE ALLAHASSEE, FLORIDA	
IHC Properties, LLC					
			CR2E041 (1/11)		
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address		4. State/Country of Formation		
2010 Bayview Drive 2010 B Suite, Apt. #, etc. Suite, Apt. #, etc.		payarem ni iae		orida	
			5. Date Organ	nized or Qualified iness in Florida 4/27/2000	
City & State City & State			6. FEI Number Applied For		
Tierra Verde, FL  Zip Country	Tierra Verde, FL		59=3650416. Not Applicable		
33715 USA	33715	USA	CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of	Current Registered Agent				
Name			E-mail Address:		
Howard Isaacs Street Address (P.O. Box Number is Not Acceptable)					
2010 Bayview Drive			000250725130 08/14/1301004008 ***932.50		
Suite, Apt. #, Etc.			CEmersonfinearts@gmail.com		
City State Zip Code					
Tierra Verde  9. I, being appointed the registered egent of the above named limited liability company, am familiar with and a			(To be used for future annual report notices)		
Signature of Registered Agent REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles Name of Managing Members/ Manage	ers	Street Address of Each Managing Member/ Manager		City / State / Zip	
Howard M. Isaacs	2010	2010 Bayview Drive		Tierra Verde, FL 33715	
	·+			AUG 1 4 2013	
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	1777	MT OXI	5	T. SCOTT	
to the amount			<del></del>		
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 filling 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. I am aware that raise information submitted in adocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Signature of Managing  Member/Manager  Date  Daytime Phone #  Typed or printed name of signing Managing Member/Manager  HOWARD M. ISAACS					

Per conversation with Ms Dois Beck At Corporate Access Inc Mr. IsAACS