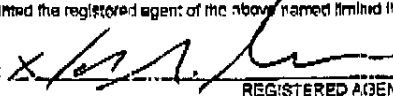
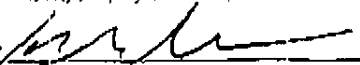


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		L07000042924			
1. Limited Liability Company's Name 432 Properties, LLC					
2. Principal Office Address - No P.O. Box # 432 N.W. 111 Avenue		3. Mailing Office Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Coral Springs, FL		City & State			
Zip 333065	Country USA	Zip	Country		
8. Name and Address of Current Registered Agent		4. State/Country of Formation Florida/Broward			
Name Kenneth McClure		5. Date Organized or Qualified To Do Business in Florida 04/23/2007			
Street Address (P.O. Box Number is Not Acceptable) 432 N.W. 111 Avenue		6. FEI Number ☐ Applied For ☒ Not Applicable			
Suite, Apt. #, Etc.		7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status			
City Coral Springs		State FL	Zip Code 33065		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S. Signature of Registered Agent  Date _____ REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
Mgrm	Kenneth McClure	432 N.W. 111 Avenue		Coral Spgs, FL 33065	
11. E-mail Address: X info@Kingsfoliage.com (To be used for annual report notifications)					
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 808, 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 808.408, 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  Date _____ Daytime Phone # _____ Typed or printed name of signing Managing Member/Manager _____					

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DIVISION OF CORPORATIONS
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☐ 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.

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REINSTATEMENT 2008, 2009

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