PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 DEC -9 AM 9:58
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (11/09)

DOCUMENT # L07000042924

1. Limited Liability Company's Name

432 Properties, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
432 N.W. 111 Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Coral SPrings, FL	
Zip / Country	Zip / Country
333065 / USA	

4. State/Country of Formation: Florida/Broward

5. Date Organized or Qualified To Do Business in Florida: 04/23/2007

6. FEI Number: 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: Kenneth McClure

Street Address (P.O. Box Number is Not Acceptable): 432 N.W. 111 Avenue

Suite, Apt. #, Etc.

City: Coral Springs | State: FL | Zip Code: 33065

☐ 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: X _____ Date _____

REGISTERED AGENT MUST SIGN

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
Mgrm	Kenneth McClure	432 N.W. 111 Avenue	Coral Spgs. FL 33065

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11. E-mail Address: Xinfo@Kingsfoliage.com
(To be used for future 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 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. This 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 _____

REINSTATEMENT 2008, 2009

T. Hampton DEC 11 2009