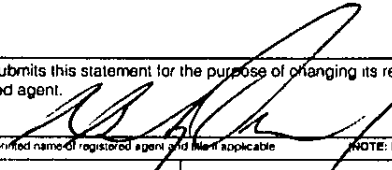
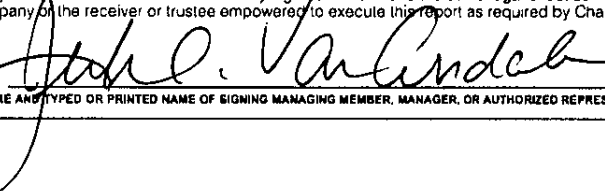


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 DEC 30 AM 11:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L07000113064			
1. Entity Name VAN ARSDALE PROPERTIES, L.L.C.			
Principal Place of Business 875 E. CAMINO REAL, NO. 6A BOCA RATON, FL 33432		Mailing Address 875 E. CAMINO REAL, NO. 6A BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box # 875 E CAMINO REAL Suite, Apt. #, etc. APT 6A City & State BOCA RATON FLORIDA Zip 33432 Country USA		3. Mailing Address 1336 GRACE AVE. Suite, Apt. #, etc. City & State CINCINNATI, OHIO Zip 45208 Country USA	
4. FEI Number 26-1454169		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OSBORNE, R. BRADY JR. 798 SOUTH FEDERAL HIGHWAY, STE. 100 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 12/10/08 Signature, typed or printed name of registered agent and if not applicable (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGING MEMBER JULIA A. VAN ARSDALE 1336 GRACE AVENUE CINCINNATI, OHIO 45208 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date 12/15/08 515-919-5021	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

REINSTATEMENT