

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 OCT -8 PM 12:37

DOCUMENT # L08000116326

1. Limited Liability Company's Name

748 PROPERTIES, LLC

500186469635  
10/08/10-01022-008 \*\*377.50

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 700 E WALNUT ST		3. Mailing Office Address 700 E WALNUT ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKELAND, FL		City & State LAKELAND, FL	
Zip 33801	Country USA	Zip 33801	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 12/22/2008	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name PETER A. MCFARLANE			
Street Address (P.O. Box Number is Not Acceptable) 500 S FLORIDA AVE			
Suite, Apt. #, Etc. SUITE 715			
City LAKELAND	State FL	Zip Code 33801	

300186475619  
10/08/10-01022-029 \*\*377.50

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

*Peter A. McFarlane*

REGISTERED AGENT MUST SIGN

Date 10/07/10

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	NANCY MCFARLANE	700 E WALNUT ST	Lakeland, Florida 33801

REINSTATEMENT 09, 10

11. E-mail Address: pmcfarlane@centurycompanies.net  
(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. 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

*Nancy D McFarlane*

Date 10/7/10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager NANCY MCFARLANE

N. Culligan OCT 11 2010