## PLEASE READ ALL INSTRUCTIONS BEFORE . FILED LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE 14 MAY 23 PM 7: 01 COMPANY Secretary of State SECRETARY OF STATE TALLAHASSEF, FLORIDA REINSTATEMENT DIVISION OF CORPORATIONS L09000107787 **DOCUMENT#** 1. Limited Liability Company's Name AQUARIUS INCOME PROPERTIES, LLC CR2E041 (1/14) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 1415 WILDERHESSROAD 1415 WILDERNESS ED 4. State/Country of Formation Suite, Apt. #, etc. FLOREDA Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida 11/06/2009 City & State City & State Applied For WEST PALM BEACH . FL WEST PALM BEACH, FL 271564379 Not Applicable Country-7. CERTIFICATE OF STATUS DESIRED 33409 33409 NSK 8. Name and Address of Current Registered Agent Timothy K. Anderson Street Address (P.O. Box Number is Not Acceptable) 480 maplewood Drive 700260561207 05/23/14--01003--005 \*\*655.0 Suite 5 33458 حن ۾، لته the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. 9. I, being appointed the registeres age Date 5121/14 Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Authorized Representatives/Managers Street Address of Each Authorized Representative/ Name of Authorized Representatives/ Managers City / State / Zip Titles WEST PALM BEACH, FL 33409 AR LOVIS A. STEVENS 1415 WILDERNESS RD. MAY 2 9 2014 . SELLERS

11, E-mail Address: (	Lou 6550 e bellsouth. net
	(To be used for future annual report notifications)
when filing this reinstatem that all fees owed by the li as if made under oath, I a	authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that tent application the reason for dissolution has been eliminated, the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same logal effect m aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155. F.S.  EMANAGER  Date 5-21-2019 Daytime Phone # (SM) 524-2605

Typed or printed name of signing Authorized Representative/Manager