


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

16 FEB 12 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** L10000044468

1. Limited Liability Company's Name  
**Kazbour Family Properties III LLC**

2. Principal Office Address - No P.O. Box # <b>13305 Walden Sheffield Road</b>		3. Mailing Office Address <b>13305 Walden Sheffield Road</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Dover</b>		City & State <b>FL</b>	
Zip <b>33527-5547</b>	Country <b>USA</b>	Zip <b>33527-5547</b>	Country <b>USA</b>

CR2E041 (1/14)

4. State/Country of Formation <b>Florida</b>	
5. Date Organized or Qualified To Do Business in Florida <b>4-26-2010</b>	
6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name  
**Kazbour, Linda**

Street Address (P.O. Box Number is Not Acceptable) Suite,  
**13305 Walden Sheffield Road**

Apt. #, Etc.

City <b>Dover</b>	State <b>FL</b>	Zip Code <b>33527-5547</b>
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**300281584493**  
01/29/16--01031--021 \*\*238.75

**300281584493**  
02/15/16--01014--003 \*\*386.25

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *Linda Kazbour* Date 1-27-2016

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Kazbour, Linda	13305 Walden Sheffield Road	Dover, FL 33527

11. E-mail Address lkazbour@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member *Linda Kazbour* Date 1-27-2016 Daytime Phone # 813-684-3818

Typed or printed name of signing authorized representative/member Linda Kazbour