PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT
2013 - 2014

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 MAY 12 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
L12000128728

1. Limited Liability Company's Name: 4C Properties, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
918 Mangham Road		918 Mangham Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Babson Park, FL		Babson Park, FL	
Zip	Country	Zip	Country
33827	USA	33827	USA

4. State/Country of Formation: FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida: 10/09/2012

6. FEI Number: 46-1166726 — 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: JOHN A. CRAIG

Street Address (P.O. Box Number is Not Acceptable): 918 MANGHAM ROAD

Suite, Apt. #, Etc.:

City	State	Zip Code
Babson Park, FL	FL	33827

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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: [signature] Date: 5/6/14
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	John A. Craig	918 Mangham Rd.	Babson Park, FL

11. E-mail Address: john_craig@ml.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: 5/6/14 Daytime Phone #: 863-605-1562

Typed or printed name of signing Authorized Representative/Manager: