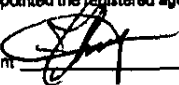
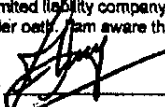


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

| LIMITED LIABILITY COMPANY REINSTATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |  FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>DOCUMENT # L13000024913</b><br>1. Limited Liability Company's Name<br>Frejormarz Property Investment, LLC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |                                                                                                                                                                 |                        |
| 2. Principal Office Address - No P.O. Box #<br>2505 Hawalaska St<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             | 3. Mailing Office Address<br>2505 Hawalaska St<br>Suite, Apt. #, etc.                                                                                           |                        |
| City & State<br>Lehigh Acres, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             | City & State<br>Lehigh Acres, FL                                                                                                                                |                        |
| Zip<br>33973                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Country<br>USA                              | Zip<br>33973                                                                                                                                                    | Country<br>USA         |
| 8. Name and Address of Current Registered Agent<br>Name<br>Martinor Fleury<br>Street Address (P.O. Box Number is Not Acceptable) Suite,<br>2505 Hawalaska St<br>Apt. #, Etc.<br>City<br>Lehigh Acres<br>State<br>FL<br>Zip Code<br>33973                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                                                                                                 |                        |
| 4. State/Country of Formation<br>State of Florida                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             |                                                                                                                                                                 |                        |
| 5. Date Organized or Qualified To Do Business in Florida<br>February 17, 2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |                                                                                                                                                                 |                        |
| 6. FEI Number<br><input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |                                                                                                                                                                 |                        |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                                                                                                                                                                 |                        |
| 700281747077<br>02/03/16--01002--014 **516.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |                                                                                                                                                                 |                        |
| 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.<br>Signature of Registered Agent  Date 01/29/2016<br>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     |
| MGRM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Martinor Fleury                             | 2505 Hawalaska ST                                                                                                                                               | Lehigh Acres, FL 33973 |
| REINSTATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |                                                                                                                                                                 | S. HAWKES              |
| 2014-2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                                                                                                                                                                 | FEB 3 A.M.             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                                                                                                                                 | EXAMINER               |
| 11. E-mail Address: mrock_1260@yahoo.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                                                                                                 | S. HAWKES              |
| (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.<br>Signature of authorized representative/member  Date 01/29/16 Daytime Phone # 239-595-2299<br>Typed or printed name of signing authorized representative/member Martinor Fleury |                                             |                                                                                                                                                                 |                        |