


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: right;"> 2018 DEC -4 PM 2:30 400321659754 12/04/18--01004--001 **258.75 CR2E041 (1/14) </div>	
DOCUMENT # L14000073856 <small>1. Limited Liability Company's Name</small> VALUE PLACE PROPERTIES LLC					
2. Principal Office Address - No P.O. Box # 2189 WESTBOURNE DRIVE <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 6150 RESEDA BLVD <small>Suite, Apt. #, etc.</small>		4. State/Country of Formation FLORIDA	
<small>City & State</small> OVIEDO, FL		<small>City & State</small> TARZANA, CA		5. Date Organized or Qualified To Do Business in Florida 05/07/2014	
<small>Zip</small> 32765	<small>Country</small> US	<small>Zip</small> 91335	<small>Country</small> US	6. FEI Number 46-5623908 <small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>	
8. Name and Address of Current Registered Agent <small>Name</small> LEGALINC CORPORATE SERVICES INC. <small>Street Address (P.O. Box Number is Not Acceptable) Suite,</small> 5237 SUMMERLIN COMMONS BLVD <small>Apt. # Etc</small> SUITE 400 <small>City</small> FORT MYERS				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	
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. <small>Signature of Registered Agent</small> <u>Nancy Luna</u> Nancy Luna, on behalf of Legalinc Corporate Services Inc. <small>Date</small> 11/27/2018 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		
AR	LEANNE DELICE	6150 RESEDA BLVD	TARZANA, CA 91335		
AR	BRANDON FLOREZ	6150 RESEDA BLVD	TARZANA, CA 91335		
<div style="position: relative;"> <div style="position: absolute; top: -40px; right: 0;">DEC - 4 2018</div> <div style="position: absolute; bottom: 0; right: 0;">R. HUNT</div> <div style="font-size: 48px; opacity: 0.3; transform: rotate(-45deg); pointer-events: none;">REINSTATEMENT</div> </div>					
11. E-mail Address: RA@LEGALINC.COM <small>(To be used for future annual report notifications)</small>					
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.					
<small>Signature of authorized representative/member</small> <u>[Signature]</u> <small>Date</small> 11/27/2018 <small>Daytime Phone #</small> (954) 599-3940 <small>Typed or printed name of signing authorized representative/member</small> LEANNE DELICE					