

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FOR DA... PART... OF...
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L94000000124

1. Limited Liability Company's Name

U.S. Investment Properties, L.C.

2. Principal Office Address

4475 Buck Lake Road

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32317

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

Same

FILED

04 FEB -4 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000028698400

02/13/04--01017--006 **455.00

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

3/24/94

6. FEI Number

59-3309153

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

L. Blair Bailey

Street Address (P.O. Box Number is Not Acceptable)

4475 Buck Lake Road

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32317

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

Date 2-4-04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Member	L. Blair Bailey	4475 Buck Lake Road	Tallahassee, Fl. 32317

REINSTATEMENT

1998-2004

11. I certify that I am managing member/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 608.406, 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.

Signature of
Managing Member/Manager

[Signature]

Date 2-4-04

Daytime Phone #

(950) 878-5300

Typed or printed name of signing Managing Member/Manager