


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Limited Liability Company's Name <u>Doudna Properties, LC.</u>			
2. Principal Office Address <u>821 N. County Hwy 393</u> Suite, Apt. #, etc. _____ City & State <u>Santa Rosa Bch, FL</u> Zip Country <u>32459 USA</u>		3. Mailing Office Address <u>P.O. Box 1122</u> Suite, Apt. #, etc. _____ City & State <u>Santa Rosa Bch, FL</u> Zip Country <u>32459-1122 USA</u>	
4. State/Country of Formation <u>FL</u>		5. Date Organized or Qualified To Do Business in Florida <u>2/12/98</u>	
6. FEI Number <u>59-3493276</u>		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>			
<b>8. Name and Address of Current Registered Agent</b>			
Name <u>Mark Doudna Jr</u> Street Address (P.O. Box Number is Not Acceptable) <u>821 N. County Hwy 393</u> Suite, Apt. #, Etc. _____ City <u>Santa Rosa Bch</u>			
State <u>FL</u>		Zip Code <u>32459</u>	
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 <u>Mark E. Doudna Jr</u> Date <u>11/15/00</u> REGISTERED AGENT MUST SIGN			
<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGRM</u>	<u>Mark E. Doudna Jr</u>	<u>821 N. County Hwy 393</u>	<u>Santa Rosa Bch / FL / 32459</u>
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 <u>Mark E. Doudna Jr</u> Date <u>11/15/00</u> Daytime Phone <u>(850) 267-2774</u> Typed or printed name of signing Managing Member/Manager <u>Mark E. Doudna Jr.</u>			

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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