PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 MAR 16 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99-326

1. Limited Liability Company's Name
COMMERCIAL PROPERTIES of VENICE, LC.

2. Principal Office Address
1532 US 41 By Pass

Suite, ~~Apt. #~~, etc. 265

City & State
VENICE FL

Zip 34293 Country ~~SARASOTA~~

3. Mailing Office Address
1532 US 41 By Pass

Suite, ~~Apt. #~~, etc. 265

City & State
VENICE, FL

Zip 34293 Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 3-16-98

6. FEI Number 65-0819570 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
ALICE BURNHAM

Street Address (P.O. Box Number is Not Acceptable)
1532 US 41 By Pass

Suite, ~~Apt. #~~, Etc. 265

City VENICE State FL Zip Code 34293

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*****50.00 *****50.00

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 Alice A Burnham Date 12-29-00
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
MGR	ALICE BURNHAM	1532 US Hwy 41 By Pass	VENICE FL 34293

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****150.00 ****150.00

REINSTATEMENT

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 Alice A Burnham Date 12-29-00 Daytime Phone # 941-408-8781

Typed or printed name of signing Managing Member/Manager ALICE BURNHAM Alice A Burnham

CR2E041 (9/00)