

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 21 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # **L99000001136**

1. Limited Liability Company's Name

L.A. Properties of Jacksonville, L.C.

2. Principal Office Address

c/o Fady Bahri

Suite, Apt. #, etc.

6100 Kennerly Road

City & State

Jacksonville, FL

Zip
32216

Country
USA

3. Mailing Office Address

6100 Kennerly Road

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip
32216

Country
USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

2/26/99

6. FEI Number

59-3689665

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

Samuel L. LePrell

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

1930 San Marco Boulevard

Suite, Apt. #, Etc.

Suite 201

City

Jacksonville

State

FL

Zip Code

32207

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

Date

8/17/06

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
MGRM	Bahri, Fady	6100 Kennerly Road	Jacksonville, FL 32216

700079214747
08/30/06--01018--024 **350.00

REINSTATEMENT 02-06

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

Date 8/17/06

Daytime Phone # (904) 349-8679

Typed or printed name of signing Managing Member/Manager **Fady Bahri**