PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

00 DEC 14 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L99000005453

1. Limited Liability Company's Name

ABRAHAM PROPERTIES, LLC

REINSTATEMENT 2000

2. Principal Office Address		3. Mailing Office Address	
P.O. Box 958		P.O. Box 958	
Suite, Apt. #, etc.		Suite, Apt.# etc.	
Pasea Estate		Pasea Estate	
City & State		City & State	
Road Town, Tortola		Road Town, Tortola	
Zip	Country	Zip	Country
	BVI		BVI

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: August 31, 1999

6. FEI Number: 52-2224878 — 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation — State: FL — Zip Code: 33324

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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: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY — Date: 12/14/2000

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Mansging Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
Mgr.	Bognor Participation Group	P.O. Box 958 Pasea Estate	Road Town, Tortola British Virgin Islands

12-14-00

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: 11.12.00 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: K.L. Richardson A. Penn

FL110 - 10/1999 CT System Online