APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L99000052453

1. Limited Liability Company's Name
ABRAHAM PROPERTIES, LLC

REINSTATEMENT 2001-2002

2. Principal Office Address		3. Mailing Office Address	
c/o Bognor Participations Corp.		c/o Bognor Participations Corp.	
Suite, Apt. #, etc.		Suite, Apt.# etc.	
P.O. Box 958, Pasea Estate		P.O. Box 958, Pasea Estate	
City & State		City & State	
Road Town, Tortola		Road Town, Tortola	
Zip	Country	Zip	Country
	Brit. Virgin Islands		Br.Virgin Islands

4. State/Country of Formation
Florida

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

6. FEI Number
522224878

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

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

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

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 1/21/02
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
Director Member	BOGNOR PARTICIPATIONS CORP.	P.O. Box 958, Pasea Estate	Road Town, Tortola, British Virgin Islands

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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 Dec. 6, 2001 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager K.-L. Richardson and A. Penn for & on behalf of BOGNOR PARTICIAPATIONS CORP.

FL 110 - 10/19/00 C T System Online