

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 MAY 23 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000000983

1. Limited Liability Company's Name

WHITE PROPERTIES-FLORIDA, LLC

300202485373
04/19/11--01011--005 **516.25
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

1211 NE 33rd Street

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip

34479

Country

USA

3. Mailing Office Address

1211 NE 33rd Street

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip

34479

Country

USA

4. State/Country of Formation

Nevada

5. Date Organized or Qualified
To Do Business in Florida

3/27/03

6. FEI Number

200103244

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

ESFPTYPE@GMAIL.COM

(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name

Jeffrey L. Sauey

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

1721 SE 16th Avenue, Suite 101

Suite, Apt. #, Etc.

Suite 101

City

Ocala

State

FL

Zip Code

34471

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

Jeffrey L. Sauey

Date 4-11-11

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	Robert James White	PO BOX 3141	PAHRUMP, NV 89041

REINSTATEMENT 09-11
05-24-11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Robert White

Date

3/10/11

Daytime Phone #

702-525-5358

Typed or printed name of signing Managing Member/Manager

ROBERT WHITE