PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 OCT 11 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # M04000001905

1. Limited Liability Company's Name

Copeland's Properties LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1028 Peach Street	P.O. Box 12260
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: San Luis Obispo, CA	City & State: San Luis Obispo, CA
Zip: 93401 Country: United States	Zip: 93406 Country: United States

4. State/Country of Formation: California

5. Date Organized or Qualified To Do Business in Florida: 5/18/04

6. FEI Number: 77-0474771 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED: ☐

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, Florida State: FL Zip Code: 33324

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: M.T. Fitzpatrick — REGISTERED AGENT — M.T. FITZPATRICK, ASSISTANT SECRETARY — Date: 10/10/2007

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	James C. Copeland	1028 Peach Street	San Luis Obispo, CA, 93401
Manager	Thomas M. Copeland	1028 Peach Street	San Luis Obispo, CA, 93401

REINSTATEMENT 2005-2007 DB

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 608.508, 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: 10/10/07 Daytime Phone #: 805-593-0200

Typed or printed name of signing Managing Member/Manager: Thomas M. Copeland

M04000001905

Florida Department of State
Division of Corporations
Public Access System
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000252462 3)))

H07000252462 3ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

FILED
07 OCT 11 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
07 OCT 11 PM 12:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY REINSTATEMENT

COPELAND'S PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$250.00

DB

Electronic Filing Menu Corporate Filing Menu Help