

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV -9 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
FAP PURCHASE, LLC

2. Principal Office Address
4019 S.W. 30TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State
HOLLYWOOD, FL

City & State

Zip Country
33312-6817 BROWARD

Zip Country

4. State/Country of Formation
FL/BROWARD

5. Date Organized or Qualified
To Do Business in Florida **11/4/2005**

6. FEI Number
42-1687315

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
Corporate Access, Inc

Street Address (P.O. Box Number is Not Acceptable)
236 East 6th Avenue

Suite, Apt. #, Etc.

City
Tallahassee

State Zip Code
FL 32303

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 **/s/ Danny Bennett**

Date **11/9/06**

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
MGR	Jerry Ferguson	4019 S.W. 30TH AVE	HOLLYWOOD, FL 33312

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 **11/8/2006**

Daytime Phone # **954-617-7700**

Typed or printed name of signing Managing Member/Manager