

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 14 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M990000006327

1. Limited Liability Company's Name

SANDPEBBLE PROPERTIES, LTD., L.C.

2. Principal Office Address

1440 Middle Gulf Drive

Suite, Apt. #, etc.

2F

City & State

Sanibel, FL

Zip

33957

Country

USA

3. Mailing Office Address

2147 Elgin Road

Suite, Apt. #, etc.

City & State

Columbus, OH

Zip

43221

Country

USA

REINSTATEMENT 2001

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 3/9/99

6. FEI Number

31-1636929

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ **XX**

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation

900004702499-8

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

1200 Pine Island Road

-12/03/01-01066-008
****155.00 ****155.00

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

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

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

11-7-01

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
MGRM	David DeCapua	2147 Elgin Road	Columbus, OH 43221

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

David DeCapua

Date 11/12/01

Daytime Phone# 614-431-2461

Typed or printed name of signing Managing Member/Manager

David DeCapua

CR2ED01 (9/00)