PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: AND LIMITED LIABILITY COMPANY REINSTATEMENT FOUNDADEPARTMENT OF STATE Katherine Harris Secretary of State DINSON OF CORPORATIONS SECRETARY OF STATE FALE-AHASSEE. FE ORION DOCUMENT # M99 000001213 1. Limited Liability Company's Name Horarch Properties II, LLC 2. Principal Office Address A4- State Country of Formation John And State Suite, Apt. #, etc. Suite, Apt.
LIMITED LIABILITY COMPANY REINSTATEMENT REINSTATEMENT COMPANY REINSTATEMENT REINSTATEMENT COMPANY REINSTATEMENT REINSTATEMENT COMPANY RECORDINATION Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Company Reinstate of Country Country Country Country Replicable Suite, Apt. #, etc. Country Replicable Company Reinstate of Country Registered Agent Country Suite, Apt. #, etc. Country Replicable Country Resistered Agent Country Suite, Apt. #, etc. Country Registered Agent Country Registered Agent Country Suite, Apt. #, etc. Country Registered Agent Registered Agent Country Registered Agent Registered Agent Recisitered Agent Recisi
1. Limited Liability Company's Name Monarch Properties I, LCC 2. Principal Office Address Auto Bourth Bouch Rd 3. Mailing Office Address Auto Bourth Bouch Rd 5. Date Organized of Qualified To De Districts in Florida August 3, 1999 6. FEI Number 5. Date Organized of Qualified To De Districts in Florida August 3, 1999 6. FEI Number 5. Date Organized of Qualified To De Districts in Florida August 3, 1999 6. FEI Number 5. Date Organized of Qualified To De Districts in Florida August 3, 1999 6. FEI Number 5. Date Organized of Qualified To De Districts in Florida August 3, 1999 6. FEI Number 5. Date Organized of Qualified To De Districts in Florida August 3, 1999 6. FEI Number 5. Date Organized of Qualified To De Districts in Florida August 3, 1999 8. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent CT Curporation Street Address (PO. Box Number is Not Acceptable) 1200 South, Apt. #, Etc. City Plantation 9. 1. being appointed the registered agent of the above named limited Exhibity company, am Earning with and accept the obligations of Chapter 608, FS. Signature of Registered Agent Registered Agent Managing Members/Managers Titles Managing Members/Managers Managing Members/Managers Managing Members/Managers Agent Box 174 Box 184 Box 175 Security of Formation 2. Street Address of Each Managing Members/Managers
2. Principal Office Address 3. Mailing Office Address 4. State/Country of Formation 5. Date Organized or Qualified To Do Business in Florida August 3, 1999 6. FEI Number 7. CERTIFICATE OF STATUS DESIRED X 8. Name and Address of Current Registered Agent Name CT Curporation Jakem Street Address (P.O. Box Number is Not Acceptable) 1200 South Pinc Island Road State Zip Code Plantation 9. I, being appointed the registered agent of the above named limited Paility company, an familiar with and accept the obligations of Chapter 809. F.S. Signature of Registered Agent Registered Agent Managing Members/Managers Name of Managing Members/Managers Plantation 9. Plantation 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers
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Suite, Apt. #, etc. City & State Bow in Spr / Fc Zip Country To Country To Country To Country To Certificate of Status Desired Registered Agent Registered Agent Street Address (P.O. Box Number is Not Acceptable) I 200 Suite, Apt. #, Etc. City Plantation State Zip Code FL 33324 9. I, being appointed the registered agent of the above named limited inhilts company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Name of Registered Agent Name of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Members/Managers Name of Managing Members
5. Date Organized or Qualified To Do Business in Florida August 3, 1999 City & State Bon JT Spr / FC Zip Country 7. Certificate of Status Desired Xive Address of Current Registered Agent Name Street Address (PO. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL 333344 9. 1, being appointed the registered agent of the above named limited licibility company, am familiar with and accept the obligations of Chapter 608, FS. Signature of Registered Agent Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Street Addresses of Managing Members/Managers Street Address of Each Managing Members/Managers Street Address of Each Managing Members/Managers Part of Street Address of Call Part of Street Address of Each Managing Members/Managers Street Address of Each Managing Members/Managers Part of Street Address of Call Part of Street Address of Each Managing Members/Managers Street Address of Each Managing Members/Managers Part of Street Address of Managing Members/Managers Street Address of Each Managing Members/Managers Part of Street Address of Call Part of Street Address of Each Managing Members/Managers Street Address of Each Managing Members/Managers Part of Street Address of Call Part of Street Address of Each Managing Members/Managers Part of Street Address of Managing Membe
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Titles Name of Managing Members/Managers Street Address of Each Managing Member/Manager City / State / Zip MANAGER ALVINO CON MICH. 2210 BOMITS BEACH RD BOMITS SON / FL/34135
Managing Members/Managers Managing Members/Manager
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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

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