

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 11 AM 7:26

DOCUMENT # P04000126606

1. Corporation Name

AURORA INVESTMENT PROPERTIES INC.

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

1470 AURORA ROAD

3. Mailing Office Address

1470 AURORA ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE, FLORIDA

City & State

MELBOURNE, FLORIDA

Zip

32935

Country

Zip

32935

Country

4. Date Incorporated or Qualified
To Do Business in Florida 09/02/2004

5. FEI Number
74-3133775

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
BOYD GRIGGS

Street Address (P.O. Box Number is Not Acceptable)
2421 SARNO ROAD

Suite, Apt. #, Etc.

City
MELBOURNE

State
FL

Zip Code
32935

☒ The 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 reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Boyd Griggs
REGISTERED AGENT MUST SIGN

Date 05-05-2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GRIGGS, BOYD	2421 SARNO ROAD	MELBOURNE, FL 32935

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Boyd Griggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-05-2009

Date

Daytime Phone #