

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 DEC -9 PM 2:45

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P13344**

1. Corporation Name

**LIBERTY PROPERTIES GROUP, INC.**

Principal Place of Business

~~2000 WADE HAMPTON BOULEVARD~~  
 GREENVILLE SC ~~29615~~

Mailing Address

P.O. BOX ~~786~~  
 GREENVILLE SC ~~29602~~  
 US



**REINSTATEMENT** 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
**135 South Main Street**

City & State  
**Greenville, South Carolina**

Zip  
**29601**

Country  
**Greenville**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
**PO Box 502**

City & State  
**Greenville, South Carolina**

Zip  
**29602-0502**

Country  
**Greenville**

4. Date Incorporated or Qualified To Do Business in Florida

**02/23/1987**

5. FEI Number

**57-0836136**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HIPP, HAYNE	<del>2000 WADE HAMPTON BLVD</del> 135 South Main Street	GREENVILLE SC <del>29615</del> 29601
T	WESSON, MARK D	<del>2000 WADE HAMPTON BLVD</del> 135 South Main Street	GREENVILLE SC <del>29615</del> 29601
S	WILLIAMS, MARTHA G	<del>2000 WADE HAMPTON BLVD</del> 135 South Main Street	GREENVILLE SC <del>29615</del> 29601

800009415028  
 12/09/02--01037--003 \*\*750.00

8. Name and Address of Current Registered Agent

COMMANDER, CHARLES E.  
 200 LAURA STREET  
 JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *Charles E. Commander* **SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 11/15/02

11. 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 under section 119.07(3)(i), 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: *Martha G. Williams* **SIGNATURE REQUIRED** Martha G. Williams, Secretary 11-20-02 (864)241-5400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)