FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

04 APR 30 PM 1:34

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000073554

REINSTATEMENT 02-04

1. Corporation Name
MAIN PROPERTIES MANAGEMENT, INC.

2. Principal Office Address	3. Mailing Office Address
42 West 38th St	POB 12126
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State: Jacksonville, FL
Zip: 32206 / Country: Duval	Zip: 32209 / Country: Duval

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3593254 — 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: G. EVERETT B. WILLIAMS, I.

500035787345
05/07/04--01095--035 **1058.75

Street Address (P.O. Box Number is Not Acceptable): 3721 Hendricks Avenue

Suite, Apt. #, Etc.

City: Jacksonville, State: FL Zip Code: 32207

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: [signature] REGISTERED AGENT MUST SIGN Date: April 28, 2004

CR2E081 (3/04)

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
DP	IZELL BLUNT	2685 Sandra Lane	Jacksonville, FL 32208

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 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: [signature] Izell Blunt — 04-28-04 — 904-354-1385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #