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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L01000022122

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC -2 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000022122

Name and Mailing Address

0007349 01 FP 0.352 **PRSRT T2 0 0615 31602-120212
OLD TOWN INVESTMENTS, LLC
2412 BRIARWOOD DR
VALDOSTA GA 31602-1202

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 12/12/2001

Principal Place of Business: 2412 BRIARWOOD DR, VALDOSTA GA 31602

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

ALDAY, R. N.
1866 HIGHLAND DR
FERNANDINA BEACH FL 32034

9. Name and Address of New Registered Agent

Name

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

500009237165
12/02/02--01049--006 **150.00

City FL Zip Code

10. 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: Robert N. Alday Date: 11/25/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	R.N. ALDAY	1866 Highland Dr.	Fernandina Beach FL 32034
MGRM	Phil H. ALDAY	2412 Briarwood Dr.	Valdosta, GA 31602

REINSTATEMENT 2002

12. 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: Phil H. Alday Date: 11/25/02 Daytime Phone # 229-242-2233

Typed or printed name of signing Managing Member/Manager: Phil H. ALDAY