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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 4:05

1. DOCUMENT # L02000007422

Name and Mailing Address

0017096 01 FP 0.352 **PRSRT T3 0 0615 32034

REINHOLD INVESTMENTS, LLC
7 SOUTH POINT COURT
FERNANDINA BEACH FL 32034

500024527665
11/10/03--01001--019 **150.00

2. New Mailing Address

City, State, Zip

Principal Place of Business
7 SOUTH POINT COURT
FERNANDINA BEACH FL 32034

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 03/28/2002

6. FEI Number ☐ Applied For ☑ Not Applicable

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

CR2E084 (7/03)

8. **Name and Address of Current Registered Agent**

JACOBS, ARTHUR J
401 CENTRE STREET SECOND FLOOR
FERNANDINA BEACH FL 32034

9. **Name and Address of New Registered Agent**

Name

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

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 SIGNATURE REQUIRED Date 11/3/03

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
MGR	PREIK, REINHOLD	7 SOUTH POINT COURT	FERNANDINA BEACH FL 32034

REINSTATEMENT 03 dcc

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/Manage SIGNATURE REQUIRED Date 3rd NOV 03 Daytime Phone # 904-277-1865

Typed or printed name of signing Managing Member/Manager MR. REINHOLD PREIK.