

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 11:02

DOCUMENT # **L99000009395**

1. Limited Liability Company's Name

ACREE Properties, L.L.C.

2. Principal Office Address

1035 N. Woodland Blvd. P.O. Box 166

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 166

Suite, Apt. #, etc.

City & State

Deland, Fla.

City & State

Deland, Fla.

Zip

32724

Country

Volusia

Zip

32721

Country

Volusia

4. State/Country of Formation

Florida / Volusia

5. Date Organized or Qualified
To Do Business in Florida

10/10/2000

6. FEI Number

59-3666541

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

Name

Walter M. Acree, III

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

1035 N. Woodland Blvd.

Suite, Apt. #, Etc.

City

Deland

State

FL

Zip Code

32724

9. 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

Walter M. Acree III

REGISTERED AGENT MUST SIGN

Date **10/13/2000**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Karen Acree	1035 N. Woodland Blvd.	Deland, FL 32724
MGR	Walter M. Acree	1035 N. Woodland Blvd.	Deland, FL 32724

11. 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

Walter M. Acree

Date

10/13/00

Daytime Phone #

904-822-4400

Typed or printed name of signing Managing Member/Manager