

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L00000005088

1. Limited Liability Company's Name

EVERGLADES INVESTMENTS, L.C.
REINSTATEMENT 2002-2003

2. Principal Office Address

601 W. STATE STREET

Suite, Apt. #, etc.

Suite 9

City & State

BLACK MOUNTAIN, N.C.

Zip

28711

Country

USA

3. Mailing Office Address

601 W. STATE STREET

Suite, Apt. #, etc.

Suite 9

City & State

BLACK MOUNTAIN, N.C.

Zip

28711

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

MAY 3 / 2003

6. FEI Number

59-3643062

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

RICHARD A. HELLS

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

155 NORTH LAUREL LANE

Suite, Apt. #, Etc.

City

CHARLOTTE, N.C.

State

FL

Zip Code

34138

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/12/03

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
V.P.	ANN CHALMERS	123 MOUNTAIN VIEW RD.	BLACK MOUNTAIN, N.C. 28711
Monor	Richard M. Hells	73 Mountain View Rd.	Black Mountain, NC 28711
REINSTATEMENT		2002- 2003	

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

[Signature]

Date

8/12/03

Daytime Phone #

828 6698046

Typed or printed name of signing Managing Member/Manager

Richard A. Hells, Monor

CR20041 (10/02)