

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

01 OCT 29 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L-10360**

1. Limited Liability Company's Name

Dixie Investment Group, LLC

2. Principal Office Address

1905 Buckwood Dr.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip Country

32317-7118

3. Mailing Office Address

1905 Buckwood Dr.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip Country

32317-7118

USA

REINSTATEMENT 2001

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

8/29/2000

6. FEI Number

59-3670501

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

Donald L. Bradford

Street Address (P.O. Box Number's Not Acceptable)

1905 Buckwood Dr.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32317-7118

600004676886-1

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*****155.00 ***155.00**

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

Donald L. Bradford

REGISTERED AGENT MUST SIGN

Date **10/22/2001**

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	Donald L. Bradford	1905 Buckwood Dr.	Tallahassee, FL 32317-7118
MEM	David Paris	4110 E. Bugleview Dr.	Tallahassee, FL 32317-9553

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

Donald L. Bradford

Date **10/22/2001**

Daytime Phone # **850-875-1100**

Typed or printed name of signing Managing Member/Manager

Donald L. Bradford

CR2E041 (9/01)