

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000010621

1. Limited Liability Company's Name

Inland Port Properties, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # <u>1711 E. Shotwell Street</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>P.O. Box 1510</u> Suite, Apt. #, etc.	
City & State <u>Bainbridge, GA</u>		City & State <u>Bainbridge, GA</u>	
Zip <u>39819</u>	Country <u>USA</u>	Zip <u>39818</u>	Country <u>USA</u>

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida
9/5, 2000
6. FEI Number
58-2576845
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
Michael P. Bist
Street Address (P.O. Box Number is Not Acceptable)
1300 Thomaswood Drive
Suite, Apt. #, Etc.
City
Tallahassee State FL Zip Code 32308

200263740562
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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.
Signature of Registered Agent [Signature] Date 8-25-14
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Michael W. Harrell	1711 E. Shotwell Street	Bainbridge, GA 39819

REINSTATEMENT

S. HAWKES
AUG 26 AM
EXAMINER

2011-2014

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.
Signature of Authorized Representative/Manager [Signature] Date 8.18.14 Daytime Phone # 229-246-1553