L01000014028

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
03 OCT 31 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100021551281
--0101A--019 **155.00

DOCUMENT # L01000014028

1. Limited Liability Company's Name
WILLIS, KRENKEL & MACLIN PROPERTIES, LLC

2. Principal Office Address	3. Mailing Office Address
164 BLUE LUPINE WAY	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Santa Rosa Bch, FL	City & State
Zip: 32459 Country: WALTON	Zip Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business In Florida: 08-21-2001

6. FEI Number: 72-0188199 ☐ 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: Robert E. McGill, III

Street Address (P.O. Box Number is Not Acceptable): 36008 EMERALD Coast PKWY.

Suite, Apt. #, Etc.: SUITE 301

City: DESTIN State: FL Zip Code: 32541

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: 10-30-03

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
MGRM	Henry Maclin, III	164 BLUE LUPINE WAY	SANTA ROSA BCH FLORIDA 32459
MGRM	Ronnie Willis	164 BLUE LUPINE WAY	SANTA ROSA BCH FLORIDA 32459
	REINSTATEMENT 2003		
		OK	

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 608.408, 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: 10-30-03 Daytime Phone #: 850-278-8011

Typed or printed name of signing Managing Member/Manager: Henry Maclin, III