

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -4 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000010958

1. Limited Liability Company's Name

Arayle Gardens, LLC

2. Principal Office Address

OLD MIDDLEBURG

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32258

Country

USA

3. Mailing Office Address

4905 TAN ST

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32258

Country

USA

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business in Florida**

5/7/2002

6. FEI Number

27-000298

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

Bobbi Peppers

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

4905 Tan St.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32258

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

Peppers

Date 2/4/04

REGISTERED AGENT MUST SIGN

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
Member	DAVID Peppers	4905 Tan ST	JACKSONVILLE, FL 32258
Member	Bobbi Peppers	4905 Tan ST	JACKSONVILLE, FL 32258

REINSTATEMENT

2003-2004

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

Peppers

Date 2/4/04

Daytime Phone # 904-626-5905

Typed or printed name of signing Managing Member/Manager

Bobbi Peppers

CR2E041 (10/02)