

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAY 19 PM 1:53

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000016090

1. Limited Liability Company's Name

A-Z Properties of Florida, LLC

2. Principal Office Address

P.O. Box 965212

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 965212

Suite, Apt. #, etc.

City & State

Marietta GA

City & State

Marietta GA

Zip

30066

Country

Cobb

Zip

30066

Country

Cobb

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida June-26, 2002

6. FEI Number

☒ 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

P. Colleen Coffield

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

1719 S. County Hwy 393 05/19/04--01047--003 **200.00

Suite, Apt. #, Etc.

City

Santa Rosa Beach

State

FL

Zip Code

32459

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

Date April 15, 2004

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
MGRM	Dennis McClure	P.O. Box 965212	Marietta GA 30066
MGRM	Victoria McClure	P.O. Box 965212	Marietta GA 30066
MGRM	Randall Froid	9125 Waits Ferry Crossing	Duluth GA 30097
MGRM	Dianne Froid	9125 Waits Ferry Crossing	Duluth GA 30097

REINSTATEMENT

2003-04-12

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

Date 04/15/04

Daytime Phone # 404-456-6776

Typed or printed name of signing Managing Member/Manager
Dennis McClure