

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

2003-2004

REINSTATEMENT

25587

1. DOCUMENT # L02000025587

Name and Mailing Address

0015754 01 MB 0.309 **AUTO TB 0 0615 28640-150303
CHURCH PUTNAM PROPERTIES, LLC
P.O. BOX 1503
JEFFERSON NC 28640-1503

200026880572
01/13/04--01086--003 **200.00



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mc 01/23/04

2. New Mailing Address

City, State, Zip

Principal Place of Business

P.O. BOX 1503
JEFFERSON NC 28640

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

09/26/2002

6. FEI Number

35-222204

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

STORCH, GLENN D
STORCH & MORRIS, P.A.
420 SOUTH NOVA ROAD
DAYTONA BEACH FL 32114

9. Name and Address of New Registered Agent

Name

Jay D. Asbury

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

234 N. Summit St.

P. O. Box 488

City

Crescent City

FL

Zip Code

32112

10. 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

Jay D. Asbury
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date January 8, 2004

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CHURCH, SAMUEL B	P.O. BOX 1503	JEFFERSON NC 28840
MGRM	CHURCH, SHIRLEY A	P.O. BOX 1503	JEFFERSON NC 28840

12. 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

Samuel B. Church
SIGNATURE REQUIRED

Date 1/8/04

Daytime Phone # 336-877-1765

Typed or printed name of signing Managing Member/Manager

SAMUEL B. CHURCH