

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000026582

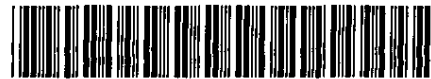
Name and Mailing Address

0016041 01 MB 0.309 **AUTO T9 0 0615 32456-634254



GROUNDWORKS OF FLORIDA, LLC
354 DESOTO STREET
PORT SAINT JOE FL 32456-6342

gk



10/28/03 01012 002 \$155

2. New Mailing Address

415 Monument Avenue

City, State, Zip

Port St Joe FL 32456

Principal Place of Business

354 DESOTO STREET
PORT SAINT JOE FL 32456

3. New Principal Place of Business Address

415 Monument Avenue

City, State, Zip

Port St Joe, FL 32456

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

10/07/2002

6. FEI Number

01-0753898

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2084 (7/03)

8. Name and Address of Current Registered Agent

~~ALCORN, GERALD~~
~~354 DESOTO STREET~~
~~PORT SAINT JOE FL 32456~~

Charles Michael Green
1089 Buford Hwy
Buford, GA
30518

9. Name and Address of New Registered Agent

Name C. Michael Green
Street Address (P.O. Box Number is Not Acceptable)

415 Monument Ave.
Port St Joe FL Zip Code 32456

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

[Signature] SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date Nov. 19, 2003

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
<i>p</i>	Charles Michael Green	6970 Olde Atlanta Parkway	Suwannee, GA 30024

REINSTATEMENT 2003

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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

[Signature] SIGNATURE REQUIRED

Date Nov 19, 03

Daytime Phone #678-725-8405

Typed or printed name of signing Managing Member/Manager

C. Michael Green / President