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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L02000027231

FILED
03 NOV 21 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS

1. DOCUMENT # L02000027231

Name and Mailing Address

0015842 01 MB 0.309 **AUTO T8 0 0615 30269-427632

BOYLAND AND BROWN PROPERTIES, LLC
232 NEWPORT DRIVE
PEACHTREE CITY GA 30269-4276

700025197087
12/03/03--01064--091 **150.00

MK

CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation: FL
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida: 10/15/2002
Principal Place of Business: 232 NEWPORT DRIVE PEACHTREE CITY GA 30269	3. New Principal Place of Business Address / City, State, Zip	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	9. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 EAST PARK AVE. TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 A.G. JOHNSTON ASST SEC Date 11/21/03

REGISTERED AGENT MUST SIGN

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	MICHAEL BROWN	232 NEWPORT DRIVE	PEACHTREE CITY, GA 30269-4276
MGRM	DORIAN BOYLAND	232 NEWPORT DRIVE	PEACHTREE CITY, GA 30269-4276
	REINSTATEMENT 2003		
		MK	

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 MICHAEL BROWN REQUIRED Date 11/18/03 Daytime Phone # 770) 365-3444

Typed or printed name of signing Managing Member/Manager