

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SEC. OF STATE
DIVISION OF CORPORATIONS
FEB 24 AM 9:42

DOCUMENT # L03000018538

1. Limited Liability Company's Name

Riverfront Investments LLC

2. Principal Office Address

4999 Deep Water Pt.S.

Suite, Apt. #, etc.

City & State

Homosassa, Florida

Zip

34448

Country

USA

3. Mailing Office Address

500 Ledbetter Road

Suite, Apt. #, etc.

City & State

Villa Rica, Georgia

Zip

30180

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida / USA

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

5-22-03

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

Byron Rogers

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

4999 Deep Water Pt. S.

Suite, Apt. #, Etc.

City

Homosassa

State

FL

Zip Code

34448

600067306466

03/07/06--01018--033 **255.00

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

REGISTERED AGENT MUST SIGN

Date 2-21-06

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
MGR	Byron Rogers	4999 Deep Water Pt.S.	Homosassa, FL 34448

REINSTATEMENT

04-06

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 2-21-06

Daytime Phone# 678-776-6932

Typed or printed name of signing Managing Member/Manager Byron Rogers