

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 14 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO4000033923

1. Limited Liability Company's Name

AMERICAN PATRIOT PROPERTIES

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

115 ROYAL PALM BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

115 ROYAL PALM BLVD.

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH FLORIDA

Zip

32408

Country

U.S.

City & State

PANAMA CITY BEACH FLORIDA

Zip

32408

Country

U.S.

4. State/Country of Formation

FLORIDA, U.S.

5. Date Organized or Qualified
To Do Business in Florida

MAY 2004

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

KYLE GALLIARD

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

115 ROYAL PALM BLVD.

Suite, Apt. #, Etc.

City

PANAMA CITY BEACH FL.

State

FL

Zip Code

32408

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/9/2009

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	KYLE B. GALLIARD	115 ROYAL PALM BLVD	32408 PANAMA CITY BEACH FL.
MGRM	DONALD DANNIS	134 PIMICO	KYLE TEXAS 78640
			000161698560
			10/14/09--01022--008 **277.50

REINSTATEMENT 2008-09 JB

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

[Signature]

Date 10/9/2009

Daytime Phone # 888-366-7622

Typed or printed name of signing Managing Member/Manager

KYLE B. GALLIARD