

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000072698

1. Limited Liability Company's Name

SANCTUARY INVESTORS, LLC

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

4393 COMMONS DRIVE EAST

Suite, Apt. #, etc.

City & State

DESTIN, FL

Zip

32541

Country

USA

3. Mailing Office Address

4393 COMMONS DRIVE EAST

Suite, Apt. #, etc.

City & State

DESTIN, FL

Zip

32541

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/6/2004

6. FEI Number

20-1779541

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

GRADY ELDER

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

4393 COMMONS DRIVE EAST

Suite, Apt. #, Etc.

City

DESTIN,

State

FL

Zip Code

32541

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 2/11/2011

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	GLYN KERBAUGH, JR	P.O. BOX 729	DANVILLE, KY 40423-0729

L. SELLERS

MAR - 3 2011

EXAMINER

11. E-mail Address: GKERBAUGH@KERBAUGHANDRODES.COM

(To be used for future annual report notifications)

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

Date

2/7/11

Daytime Phone # (859) 236-3924

Typed or printed name of signing Managing Member/Manager GLYN KERBAUGH JR