PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 FEB 11 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Limited Liability Company's Name

Nelson Road, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
26900 Wedgewood Dr.		26900 Wedgewood Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#501		#501	
City & State		City & State	
Bonita Springs, FL		Bonita Springs, FL	
Zip	Country	Zip	Country
34134	USA	34134	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 1/4/2005

6. FEI Number: 20-2494597 ☐ 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: James E. Hartfield

Street Address (P.O. Box Number is Not Acceptable): 26900 Wedgewood Dr.

Suite, Apt. #, Etc.: #501

City	State	Zip Code
Bonita Springs,	FL	34134

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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 12/23/10

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	James E. Hartfield	26900 Wedgewood Dr. #501	Bonita Springs, FL 34134

11. E-mail Address: barbarat@hartfieldco.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 12/23/10 Daytime Phone # 812-948-9201

Typed or printed name of signing Managing Member/Manager: James E. Hartfield