PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 DEC 16 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000000917

1. Limited Liability Company's Name
NELSON ROAD 2005, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3684 Saybrook Ln.	2780 Jefferson Centre Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 103
City & State	City & State
Bonita Springs, FL	Jeffersonville, IN
Zip / Country	Zip / Country
34134 / USA	47130 / USA

4. State/Country of Formation: FL/USA

5. Date Organized or Qualified To Do Business in Florida: 01/04/2005

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 BRADLEY HARTFIELD

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, Etc.: 3684 Saybrook Ln.

City: Bonita Springs, State: FL, Zip Code: 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 605, F.S.

Signature of Registered Agent: [signature] Date: 12/15/2016
JAMES BRADLEY HARTFIELD REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	JAMES BRADLEY HARTFIELD	3684 Saybrook Ln.	Bonita Springs, FL, 34134
MGR	JEFFREY S. HARTFIELD	2780 Jefferson Centre Way, Suite 103	Jeffersonville, IN 47130

11. E-mail Address _____
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: [signature] Date: 12/15/16 Daytime Phone #: 239-233-1311

Typed or printed name of signing authorized representative/member: JAMES BRADLEY HARTFIELD

RE 12/19/16