PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 APR 25 PM 2:28
KS SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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04/25/12--01027--007 **377.50

DOCUMENT # L05000004738

1. Limited Liability Company's Name

Wellington Land Group, LLC

REINSTATEMENT 11-12

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4955 Riverlake Dr.	4955 Riverlake Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Duluth, GA	City & State: Duluth, GA
Zip: 30097 Country: USA	Zip: 30097 Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: IncSmart Florida, INC

Street Address (P.O. Box Number is Not Acceptable): 4685 47th Place

Suite, Apt. #, Etc.

Fax # 888-679-8222

City: Vero Beach State: FL Zip Code: 32967

E-mail Address: geamoth@yahoo.com
(To be used for future annual report notices)

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 _____ Date 4-12-2012
REGISTERED AGENT MUST SIGN

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/MBR	Gregg Aamoth	5045 Riverlake Dr	Duluth, GA 30097
MGR/MBR	Doug Maclean	4955 Riverlake Dr.	Duluth, GA 30097
MGR/MBR	Ron Scalzo	4205 Iron Duke Ct	Duluth, GA 30097
MGR/MBR	Robert Friedman	4826 Riverlake Dr	Duluth, GA 30097
MGR/MBR	Mike Bienfait		Norcross, GA 30093

11. I certify that I am managing member/manager or the manager 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; 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 Managing Member/Manager _____ Date 4/12/12 Daytime Phone # 678-472-3925

Typed or printed name of signing Managing Member/Manager _____