Division of Corporations L05000009518 Page 1 of 1

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

A. C. MILLER INVESTMENTS

Certificate of Status	0
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Page Count	~~01~~ 02
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
[illegible]

CR2E041 (10/08)

DOCUMENT # L05000009518

1. Limited Liability Company's Name

A.C. MILLER INVESTMENTS

2. Principal Office Address - No P.O. Box #
One South Orange Avenue
Suite, Apt. #, etc.
Suite 304
City & State
Orlando, Florida
Zip: 32801 Country: USA

3. Mailing Office Address
One South Orange Avenue
Suite, Apt. #, etc.
Suite 304
City & State
Orlando, Florida
Zip: 32801 Country: USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified to Do Business in Florida: 1/31/2005

6. FEI Number: [illegible] ☐ Applied For ☒ Not Applicable

7. Certificate of Status Desired ☐ [illegible]

8. Name and Address of Current Registered Agent

Name: Aaron Miller
Street Address (P.O. Box Numbers is Not Acceptable): 18455 Miramar Parkway
Suite, Apt. #, Etc.: Suite 211
City: Miramar State: FL Zip Code: 33029

☒ 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 [illegible] the registered agent of the above named limited liability company, am [illegible] with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] Date: 12/23/08
REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Aaron C. Miller	18455 Miramar Parkway Suite 211	Miramar, Florida 33029

REINSTATEMENT 06-08

11. I certify that I am managing member/manager or the receiver or trustee [illegible] this application as provided for in chapter 608, F.S. I further certify that when [illegible] the requirements of section 608.406, F.S., and that [illegible]. The information [illegible] true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: [signature] Date: 12/23/08 Daytime Phone #: 407-919-8254

Typed or printed name of signing Managing Member/Manager: Aaron C. Miller

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