

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 FEB 27 AM 11:15

DOCUMENT # L05000016425

1. Limited Liability Company's Name

Pafford Properties, LLC

REINSTATEMENT *dog sem*

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 4342 Canal Rd.		3. Mailing Office Address PO Box 8356	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Wales, FL		City & State Columbus, GA	
Zip 33898	Country USA	Zip 31908-8356	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 2/14/2005	
6. FEI Number 04-3831305	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Stephen E. Pafford		
Street Address (P.O. Box Number is Not Acceptable) 4342 Canal Rd.		
Suite, Apt. #, Etc.		
City Lake Wales, FL	State FL	Zip Code 33898

☒ 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 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

Stephen E. Pafford

Date 2/16/2009

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
MGRM	Pafford Investments, LLLP	3400 Hamilton Rd.	Columbus, GA 31904

400144174284
02/23/09--01010--028 **555.00

11. 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

Stephen E. Pafford

Date 2/16/2009

Daytime Phone # (706) 888-0295

Typed or printed name of signing Managing Member/Manager

Stephen E. Pafford, General Partner, Pafford Investments, LLLP