L05000025105

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To:
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Fax Number : (850)617-6383

From:
Account Name : JACOBS & PETERS, P.A.
Account Number : I19980000094
Phone : (904)261-3693
Fax Number : (904)261-2866

LIMITED LIABILITY REINSTATEMENT

AMELIA RIVER PLANTATION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$125.00

$238.75

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000025105

1. Limited Liability Company's Name
Amelia River Plantation, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5542 First Coast Highway	C/O Cypress Development
Suite, Apt. #, etc.	Suite, Apt. #, etc.
401	205 Corporate Center Drive Ste E
City & State	City & State
Fernandina Beach, FL	Stockbridge, GA
Zip / Country	Zip / Country
32034 / US	30281 / US

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 03/14/2005

6. FEI Number
20-2487061
☐ 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
Richard J. Scholz/Jacobs Scholz & Associates

Street Address (P.O. Box Number is Not Acceptable)
961687 Gateway Blvd.

Suite, Apt. #, Etc.
201-I

City | State | Zip Code
Fernandina Beach | FL | 32034

☐ 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 hereby 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: [signature] REGISTERED AGENT MUST SIGN

Date 03/25/09

10. Name and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Paul W. Head	5542 First Coast Highway Ste 401	Fernandina Beach, FL 32034
MGRM	Paschal Gilley, Jr.	436 Beachside Place	Fernandina Beach, FL 32034

REINSTATEMENT 09 AL

11. I certify that I am a manager, member/manager of 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 608.508, 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 Manager, Member, Member/Manager: [signature] Date 3-25-09 Daytime Phone # 904-277-0555

Typed or printed name of signing Manager, Member/Manager: Paul Head

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