

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2014 SEP 29 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

DOCUMENT # L05000025679

1. Limited Liability Company's Name

FLORIDA INVESTMENT HOLDING, LLC

2. Principal Office Address - No P.O. Box #

115B INLET DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

115B INLET DRIVE

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL.

City & State

ST AUGUSTINE, FL.

Zip

32080

Country

USA

Zip

32080

Country

USA

REINSTATEMENT 11/14/07-14

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

03/15/2005

6. FEI Number

202495147

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

ALAN L. SIMPSON

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

115B INLET DRIVE

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32080

800264566268
09/22/14--01029--012 **1210.00

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]

REGISTERED AGENT MUST SIGN

Date 09.18.14

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
AMBR	LINDA ANN SIMPSON	405 FLAGLER BLVD, UNIT 60	ST. AUGUSTINE, FL 32080

11. E-mail Address: LINDAANNSIMPSON@gmail.com

(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 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 805.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

[Signature]

Date 09/18/14

Daytime Phone # 904.540.4157

Typed or printed name of signing Authorized Representative/Manager