

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 22 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L05000066574

1. Limited Liability Company's Name

North Georgia Mountain, LLC

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

1201 6th Ave W

Suite, Apt. #, etc.

Ste 212

City & State

Bradenton, FL

Zip

34205

Country

USA

3. Mailing Office Address

1201 6th Ave W

Suite, Apt. #, etc.

Ste 212

City & State

Bradenton, FL

Zip

34205

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

07/06/2005

6. FEI Number

20-3103089

☐ 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

William E. Carlin

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

1201 6th Ave W, Ste 212

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205

☐ 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

William E. Carlin

REGISTERED AGENT MUST SIGN

Date

3/14/07

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 | William E. Carlin | 1201 6th Ave W, Ste 212 | Bradenton, FL 34205 |
| MGRM | Nancy J. Carlin | 1201 6th Ave W, Ste 212 | Bradenton, FL 34205 |
| | | 000095253040 | |
| | | 03/23/07--01057--008 **200.00 | |
| | | REINSTATEMENT | 06-07 |
| | | | |
| | | | |

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

William E. Carlin

Date

3/14/07

Daytime Phone #

941-744-0061

Typed or printed name of signing Managing Member/Manager

William E. Carlin