

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 SEP 10 PM 12:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000101751

1. Limited Liability Company's Name

Amelia Retreat Seven, LLC

600135131006
08/29/08--01028--006 **416.25

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 8030 First Coast Highway		3. Mailing Office Address 8030 First Coast Highway	
Suite, Apt. #, etc. Unit 7A		Suite, Apt. #, etc. Unit 7A	
City & State Fernandina Beach, FL		City & State Fernandina Beach, FL	
Zip 32034	Country USA	Zip 32034	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 10/17/2005	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" 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 Marshall E. Wood, Esquire			
Street Address (P.O. Box Number is Not Acceptable) 303 Centre Street			
Suite, Apt. #, Etc. Suite 100			
City Fernandina Beach	State FL	Zip Code 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, 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 	Date 08/18/2008
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	Stan Sharp	1816 Castleway Lane	Atlanta, GA 30345
MGR	Christy Roe	4702 Berwick Trace	Marietta, GA 30068
MGR	Denise Sams	1069 Loblolly Drive	Manning, SC 29012
			SEP 11 2008
REINSTATEMENT 0608			EXAMINER

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 	Date 08/18/2008	Daytime Phone # 404-231-2429	
Typed or printed name of signing Managing Member/Manager			