

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 MAR 10 AM 10:34

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03/10/09--01038--002 \*\*238.75

CR2E041 (10/08)

DOCUMENT # L 06000017064

1. Limited Liability Company's Name

River Hill One, LLC

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

2065 C.R. 214

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 805

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32084

Country

USA

Zip

32085

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

02/15/06

6. FEI Number

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 A. Brown

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

2065 C.R. 214

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32084

☐ 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 A. Brown

Date

3/5/09

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
MEM	William A. Brown	2065 C.R. 214	St. Augustine, FL 32084

REINSTATEMENT

03/09/09

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 A. Brown

Date

3/5/09

Daytime Phone #

904-814-2284

Typed or printed name of signing Managing Member/Manager

William A. Brown