

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2010 APR 16 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000043812

1. Limited Liability Company's Name

PALMETTO INVESTMENTS, LLC

400175479324  
04/13/10--01006--021 \*\*416.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 60 CIRCLE CREEK WAY		3. Mailing Office Address 60 CIRCLE CREEK WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORMOND BEACH FL		City & State ORMOND BEACH FL	
Zip 32174	Country US	Zip 32174	Country US

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 04/26/2006	
6. FEI Number 27-2278921	Applied For 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  
PALMETTO CHARTER SERVICES, INC.

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

Suite, Apt. #, Etc.

City  
Daytona Beach

State  
FL

Zip Code

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 *C. Cole* Date 4/7/10

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
Mgr	Christopher N. Challis	60 Circle Creek Way	Ormond Beach, FL 32174

**REINSTATEMENT** 08/10 *[Signature]*

11. E-mail Address: Christopher.Challis@CobbCole.com

(To be used for future annual report notifications)

12. 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 *C. Cole* Date 4/7/10 Daytime Phone # 386-323-9251

Typed or printed name of signing Managing Member/Manager Christopher N. Challis