

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000043812

1. Limited Liability Company's Name

PALMETTO INVESTMENTS, LLC

2. Principal Office Address - No P.O. Box #
60 CIRCLE CREEK WAY

Suite, Apt. #, etc.

City & State
ORMOND BEACH FL

Zip
32174

Country
US

3. Mailing Office Address
60 CIRCLE CREEK WAY

Suite, Apt. #, etc.

City & State
ORMOND BEACH FL

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 ☐

\$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

REGISTERED AGENT MUST SIGN

Date 4/7/10

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

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

Date 4/7/10

Daytime Phone # 386-323-9251

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