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For Limited Liability Companies, Limited Partnerships, and Limited Liability Limited Partnerships, call 850-245-6051.

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<http://form.sunbiz.org/pdf/cr2e049.pdf> Amendment Form

<http://form.sunbiz.org/pdf/cr2e041.pdf> Reinstatement Form

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 108000091786 1. Limited Liability Company Name Commerce Park LLC			
2. Principal Office Address - No P.O. Box # 4416 S. US HWY 301 Type: Apt. / etc.		3. Mailing Office Address P.O. Box 385 State Apt. / etc.	
City & State Bushnell FL		City & State Bushnell FL	
Zip 33513	Country USA	Zip 33513	Country USA
4. Name and Address of Current Registered Agent Name Felix M Adams, P.A. (Print Address) P.O. Box Number is Not Applicable Suite 138 Bushnell Plaza Suite 201 Apt. / Etc. City Bushnell FL			
5. State/Country of Formation Florida			
6. Date Organized or Qualified to Do Business in Florida 09/19/2006			
7. FIC Number 20-5576979		8. Additional Fee required for a certificate of status ☐	
9. Being represented (the registered agent of the above named limited liability company) in limited partnership and accept the obligations of Chapter 605, F.S. Signature of Registered Agent <i>Felix M. Adams</i> Date 07/06/2018 REGISTERED AGENT SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title MGR	Name of Authorized Representative/Manager David Moffitt	Street Address of Each Authorized Representative/Manager 4416 S. US HWY 301	City / State / Zip Bushnell Florida 33513
MGR	Christina Lackey	4416 S. US HWY 301	Bushnell Florida 33513
11. E-mail Address: mmoffitt1981@gmail.com			
12. I certify that I am an authorized representative/manager of the receiver or business empowered to execute this application as provided for in Chapter 605, 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 requirement of Section 605.001(2), 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. I am unable to provide information requested in a document to the Department of State constitutes a third degree felony as provided for in § 817.025, F.S.			
Signature of authorized representative/manager <i>David Moffitt</i>		Date 07/06/2018	Phone Number 352 303-8427

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S. PRATHEER