PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY Secretary of State DIVISION OF CORPORATIONS						FILED 10 JAN 28 PM 2: 19	
DOCUMENT # Lo 70000 0 2569 1. Limited Liability Company's Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Georgia Land Investments, ILC:						000164683400 01728/1001004015 **138.75 cr26041 (11/09)	
Principal Office Address - No P.O. Box # 3. Mailing O				Office Address			0,12011 (1.100)
8727 Harpers Glen. Court sam						4. State/Country of Formation	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			Florida, USA 5. Date Organized or Qualified	
City & State			City & State				iness in Florida 1/8/07
Jacksonville, FL					6. FEI Number Applied For 20 - 8178893 Not Applicable		
Zip	c	Country	Zip	Cou	intry	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status	
32256 USA 8. Name and Address of Current Registered Agent							ioi a continuate of status
Name Richard A. Miller Street Address (P.O. Box Number is Not Acceptable) 8727 Harpers Glen Court Suite, Apt. #. Etc						☐ 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.	
city Jacksonville "				State Zip Code FL 32256		:	
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 MUST SIGN							Date
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	Richard A. Miller			8727 Harpers Glen: Court		Court	Jacksonville, FL 32256
		—				01/06/	0164683400 10-01010-011 **377.50
			REID	ISTA	EME	VI	08-10
11. E-mail Address: (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 filling 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							
-	or Member/Mana	ager <u>MINAU (</u>	e Will	j,	Date	4-10 D	sytime Phone #(904-) 219-8122
as ir made under oath. Signature of Managing Member/Manager Williams Date 1-4-10 Typed or printed name of signing Managing Member/Manager Kichard A. Miller Date 1-4-10 Daytime Phone #(904) 219-8122							

Ondition Held 9 X 2010