

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC 29 AM 10:14

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000122451

1. Limited Liability Company's Name

Cinnamon Hill, LLC

000164029760
12/29/09--01031--004 **277.50

CR2E041 (10/08)

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

107 Pheasant Ridge

Suite, Apt. #, etc.

City & State

Thomasville, GA

Zip

31792

Country

US

3. Mailing Office Address

PO Box 70

Suite, Apt. #, etc.

City & State

Ochlocknee, GA

Zip

31773

Country

US

4. State/Country of Formation

Florida, United States

5. Date Organized or Qualified
To Do Business in Florida

December 10, 2007

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

Jeremy T.M. Novak, Esq.

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

Novak Law Offices, PLLC

Suite, Apt. #, Etc.

209 7th Street

City

Port St Joe

State

FL

Zip Code

32456

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-10-09

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	Thad Williams	107 Pheasant Ridge	Thomasville, GA 31792
MGRM	Andrea L Williams	107 Pheasant Ridge	Thomasville, GA 31792

REINSTATEMENT 2008, 2009

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

[Signature]

Date 12/10/09

Daytime Phone# 229.224.6707

Typed or printed name of signing Managing Member/Manager Thad Williams

T. Hampton DEC 30 2009

NOVAK LAW OFFICES

ATTORNEYS AT LAW

JEREMY T.M. NOVAK*
JOSEPH S. NOVAK**
JUDITH A. NOVAK*
DOUGLAS L. NOVAK*

* Member FL & NJ Bar
**Member of NJ Bar & Of Counsel (FL)
* Member of PA & NJ Bar
+ Member of SC Bar & Of Counsel (FL)

Florida Offices
209 7th STREET
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December 23, 2009

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: **Reinstatement for Florida Limited Liability Company**
Cinnamon Hill, LLC

Dear Registration Section:

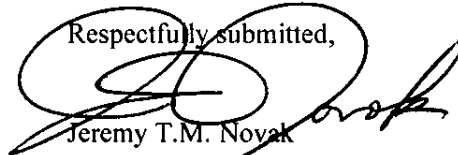
Enclosed please find the reinstatement for the above Florida Limited Liability Company. Also enclosed please find the check (# 2372) in the amount of \$277.50 representing the annual filing fees for 2008 and 2009 ($\$138.75 \times 2 = \277.50) for the reinstatement by your department.

Kindly return all correspondence and confirmation of the reinstatement to our offices at:

Novak Law Offices, PLLC
c/o Jeremy T.M. Novak, Esq.
209 7th Street
Port St. Joe, Florida 32456
(850) 229-4700

Thank you for your anticipated cooperation and assistance in this regard.

Respectfully submitted,


Jeremy T.M. Novak
Novak Law Offices, PLLC

Encl.