L08000048131

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC 29 AM 8:50

400164039054

CR2E041 (11/09)

DOCUMENT # L08000048131

1. Limited Liability Company's Name
OLIVE INVESTMENTS, LLC

09

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
77 BAYBRIDGE COMMERCIAL PARK	77 BAYBRIDGE COMMERCIAL PARK
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GULF BREEZE, FLORIDA	City & State: GULF BREEZE, FLORIDA
Zip: 32561 Country:	Zip: 32561 Country:

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 5/14/2008

6. FEI Number: 26-2621104 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: MARK LYONS, III

Street Address (P.O. Box Number is Not Acceptable): 77 BAYBRIDGE COMMERCIAL PARK

Suite, Apt. #, Etc.:

City: GULF BREEZE State: FL Zip Code: 32561

☐ 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: _____ Date: 12-29-09
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	MARK LYONS, III	77 BAYBRIDGE COMMERCIAL PARK	GULF BREEZE, FL 32561
MGR	RONALD J. CHLADEK	77 BAYBRIDGE COMMERCIAL PARK	GULF BREEZE, FL 32561

REINSTATEMENT 2009

11. E-mail Address: bockylyons@aol.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 608.409, 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: 12-29-09 Daytime Phone #: 850 934-0440

Typed or printed name of signing Managing Member/Manager: _____

CORPORATION SERVICE COMPANY

L08000048131

ACCOUNT NO. : I20000000195

REFERENCE : 235264 7512829

AUTHORIZATION : [signature]

COST LIMIT : $ 238.75

ORDER DATE : December 29, 2009

ORDER TIME : 3:39 PM

ORDER NO. : 235264-005

CUSTOMER NO: 7512829

RECEIVED
09 DEC 29 PM 4:07
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: OLIVE INVESTMENTS, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS _____

FILED
09 DEC 29 AM 8:50
SECRETARY OF STATE
DIVISION OF CORPORATIONS