


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2022 SEP 20 PM 3:16 SECRETARY OF STATE TALLAHASSEE, FL 000394845140 09/20/22--01011--025 **1240.00	
DOCUMENT # L08000091394 1. Limited Liability Company's Name A&C Land Holdings, LLC				CR2E041 (1/14)	
2. Principal Office Address - No P.O. Box # 62 Murray Blvd Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 186 Suite, Apt. #, etc.		4. State/Country of Formation FL	
City & State Lakeland, GA		City & State Lakeland, GA		5. Date Organized or Qualified To Do Business in Florida 9/25/2008	
Zip 31635	Country US	Zip 31635	Country	6. FEI Number 26-3426604	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent Name Edward K. Schoepfel Street Address (P.O. Box Number is Not Acceptable) Suite 516 N 4th St Apt. #, Etc. City Palatka State FL Zip Code 32177				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	
REINSTATEMENT 2015-2022					
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent <u>Edward K. Schoepfel</u> Date <u>9/20/22</u> REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MGR	Thomas Crowson	62 Murray Blvd		Lakeland, GA 31635	
11. E-mail Address _____ (To be used for future annual report notifications)					
12. I certify that I am an authorized representative/ manager or the receiver or trustee 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 605.0012, 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 aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.					
Signature of authorized representative/member <u>Robert A Plumb, Jr.</u> Date <u>9/20/2022</u> Daytime Phone # <u>229-244-5400</u> Typed or printed name of signing authorized representative/member <u>Robert A Plumb, Jr.</u>					