	PEEAGE REA	D ALL INSTRU	ICTIONS BEFORE	COMPLET	ING THIS FORM	Л.	
LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations				FILED 14 MAR 25 PM 2: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
DOCUMENT # LOG DOCULTO 1. Limited Liability Company's Name Ludlow Enterprises South, LLC							
···	•				CR2E041 (1/14)	
	e Address - No P.O. Box# Inah Holly Lane	i	3. Mailing Office Address 326 Savannah Holly Lane				
Suite, Apt. #, etc.	man riony Lane	Suite, Apt. #, etc.		4. State/Country of Formation Florida / USA 5. Date Organized or Qualified			
city & State Sanford, FL		City & State Sanford, FL		To Do Business in Florida oct 22, 2009 6. FEI Number 27-1232781 Applied For Not Applicable			
^{Zip} 32771	Country	^{Zip} 32771	Country	7.	\$5.6	00 Additional Fee required or a Certificate of Status	
	8. Name and Address	s of Current Registered	Agent				
_{Name} Brian J. Lud	low						
Street Address (P.O. Box Number is Not Acceptable) 326 Savannah Holly Lane				300257310243 03/27/1401001005 **138.75			
Suite, Apt. #, Etc				30	00257310 %/140103802)243	
city Sanford	•		FL 32771		V140103802	0 **660.00	
	inted the registered agent of the a	above named limited (iabili	ity company, am familiar with an	d accept the obligati	ons of Chapter 605, F.S.		
Signature of Registered Ag ent	-	REGISTERED AGENT M	IUST SIGN		Date 2-27-2	2014	
10. Names and	Street Addresses of Authorized	Representatives/Manager	3				
Titles	itles Name of Authorized Representatives/ Managers		Street Address of Each Authorized Representative/ Manager		City / State / Zip		
	Aumorked nep						
Minger 8	Brian J. Ludlon	~ 32	6 SAUANNAL 1	41/4 La	SANFURD FO	1 32771	
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M	AR 2 6 2014						
L.	SELLERS	\mathbb{R}	EINSTAT	EME	VI2010-20	14 -01	
11, E-mail Address	* <u>b@bludlow.com</u>						
			used for future annual report notification				
when filing this rein	am an authorized representative/i nstatement application the reason by the limited liability company ha	for dissolution has been o	eliminated, the limited liability co	mpany name satisfic	es the requirements of secti-	on 605.0012. F.S., and	
as if made under or	by the limited liability company ha ath. I am aware that false informa	stion submitted to the Dep	auon indicated on this application artment of State constitutes a thi	n is true and accurat ird degree felony as	e, and my signature shall he provided in s. 817.155, F.S	eve the same legal effect	

Authorized Representative/Manager Date 2-27-/4 Daytime Phone # 23/- 330-05/5 Typed or printed name of signing Authorized Representative/Manager

Signature of