

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 NOV 25 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
L12000141508

King Family Property - Macon 9.50, LLC

CR2E041 (1/14)

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

6260 Cherokee Way

Suite, Apt. #, etc.

3. Mailing Office Address

6260 Cherokee Way

Suite, Apt. #, etc.

City & State

Suwannee, Georgia

City & State

Suwannee, Georgia

Zip

30024

Country

USA

Zip

30024

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida
November 7, 2012

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

Donald C. Stevens

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

1051 S.E. 52nd Court

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34471

500266885695
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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

Date 10-30-14

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
AM	King Family Combined Property, LLC	6260 Cherokee Way	Suwannee, Georgia 30024

REINSTATEMENT

NOV 25 2014

R. HUNT

11. E-mail Address: bobki52@comcast.net

(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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 10-30-14 Daytime Phone # (770) 886-9080

Typed or printed name of signing Authorized Representative/Manager William R. King, Jr.