PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED LIABILITY COMPANY REINSTATEMENT | | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | FALLES 14 NOV 25 AM 8: 30 SECRETARY OF STATE PART AND SECRETARY OF STAT | | | | |
|---|---|---|---|--|---|--|---|--|--|--------------|
| DOCUMENT # 1. Limited Liability Company's Name L12000141521 | | | | | | | P.A. | A SSEP | us (Authri | |
| King Family Property - Macon 43.32, LLC | | | | | | | | | | |
| 2. Principal 6260 Ch | | ess - No P.O. Box # | 3. Mailing Office Address 6260 Cherokee Way | | | 4. State/Country of Formation | | | | |
| Suite, Apt. # | | | Suite, Apt. #, etc. | | | Florida, USA 5. Date Organized or Qualified To Do Business in Florida November 8. 2012 | | | | |
| Suwannee, Georgia | | | City & State Suwannee, Georgia | | | 6. FEI Number Applied For ✓ Not Applicable | | | | |
| Zip 30024 | | Country USA | Zip 30024 | | Country USA | | 7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee requirements for a Certificate of Status | | | Fee required |
| Donald C. Stevens Street Address (P.O. Box Number is Not Acceptable) 1051 S.E. 52nd Court Suite, Apt. #, Etc. City Ocala | | | | | | Zip Code 471 | 000266885720 11/25/1401002004 **1671.25 | | | |
| 9. I, being Signature o Registered | of | U | bove named limite REGISTERED AG | and accept the obligations of Chapter 605, F.S. Date $40-30-44$ | | | | | | |
| 10. Nam | es and Stree | et Addresses of Authorized F | Representatives/Ma | anagers | | | | | | |
| 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 | | | , | Suwanee, Georgia 30024 | | |
| | | REINSTA | ATEM | 1EN | (T | | NOV 2 5 2014 R. HUNT | | | |
| 11. E-mail | Address: bo | obki52@comcas | t.net | | | | | | | |
| 12. I certify when filing that all fees as if made Signature of Authorized | y that I am an this reinstate s owed by the under oath. I of Representat | n authorized representative/ ement application the reasor e limited liability company ha a am aware that false informative/ ive/Manager | manager or the rec for dissolution ha- ive been paid. The ation submitted to | ceiver or tru is been elim a information the Departm | istee empo iinated, the n indicated | limited liability co on this application te constitutes a the | this application as empany name satisfier is true and accuration is true and accuration and accurate the satisfier is true and accurate the satisfier is the satisfier in the satisfier in the satisfier is the satisfier in the satisfier in the satisfier is the satisfier in the sa | fies the requirements ate, and my signature | of section 605.0012 shall have the sam 155, F.S. | 2. F.S., and |