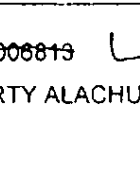


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| LIMITED LIABILITY COMPANY REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
|---|---|--|--------------------|
| DOCUMENT # <u>L14000068013</u> | | | |
| 1 Limited Liability Company's Name FRONT STREET PROPERTY ALACHUA, LLC | | | |
| 2. Principal Office Address - No P.O. Box # 2970 New Paces Ferry Road Suite, Apt. #, etc. | | 3. Mailing Office Address 2970 New Paces Ferry Road Suite, Apt. #, etc. | |
| City & State Atlanta, GA Zip Country 30339 USA | | City & State Atlanta, GA Zip Country 30339 USA | |
| 8 Name and Address of Current Registered Agent Name Harrison W. Poole Street Address (P.O. Box Number is Not Acceptable) Suite, 303 Center Street Apt. #, Etc. Suite 200 City State Zip Code Fewerndina Beach FL 32034 | | | |
| 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>[Signature]</u> Date <u>April 23, 2021</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 | Richard B. Goodsell | 2970 New Paces Ferry Road | Atlanta, GA 30339 |
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| | | | |
| 11. E-mail Address <u>dickgoodsell5@gmail.com</u> (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>[Signature]</u> April 23, 2021 Daytime Phone # <u>404-273-0699</u> Typed or printed name of signing authorized representative/member <u>Richard B. Goodsell</u> | | | |