

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 OCT -4 AM 10:07

DOCUMENT # L14000090102

1. Limited Liability Company's Name
Aubrey Land Holdings, LLC

2. Principal Office Address - No P.O. Box # 3526 Riverview Drive Suite Apt. #, etc.		3. Mailing Office Address 3526 Riverview Drive Suite Apt. #, etc.	
City & State Pace, FL		City & State Pace, FL	
Zip 32571	Country FI	Zip 32571	Country FI

CR2E041 (1/14)

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida June 5, 2014	
6. FEI Number 46-6448903	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name Phillip A. Pugh		
Street Address (P.O. Box Number is Not Acceptable) Suite. 3526 Riverview Drive		
Apt. #, Etc.		
City Pace	State FL	Zip Code 32571

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10/04/16--01003--020 **238.75

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
REGISTERED AGENT MUST SIGN

Date 9-29-2016

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	Phillip A. Pugh	3526 Riverview Dr.	Pace, FL 32571

REINSTATEMENT

11. E-mail Address: papugh@lawpensacola.com

(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

Date 9-29-2016

Daytime Phone # 8505301846

Typed or printed name of signing authorized representative/member Phillip A. Pugh