


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2020 FEB -3 PM 10:39

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT	 <p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # L16000052355

1. Limited Liability Company's Name:
Matthew Wilford Homes, LLC

800840201668
02/03/20--01008--024 **577.50

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 1133 Candlebark Drive		3. Mailing Office Address 1133 Candlebark Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, Florida		City & State Jacksonville, Florida	
Zip 32225	Country USA	Zip 32225	Country USA
8. Name and Address of Current Registered Agent			
Name Matthew Wilford			
Street Address (P.O. Box Number is Not Acceptable) Suite, 1133 Candlebark Drive			
Apt. #, Etc.			
City Jacksonville		State FL	Zip Code 32225

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 03/08/2016	
6. FEI Number 81-1873143	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

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

[Handwritten Signature]

Date 01/29/2020

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
AMBR	Matthew Wilford	1133 Candlebark Drive	Jacksonville/Florida/32225

11. E-mail Address: matt.d.wilford@gmail.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

[Handwritten Signature]

01/29/2020

Daytime Phone #

904-314-4474

Typed or printed name of signing authorized representative/member

Matthew Wilford

T MOORE
FEB 05 2020