

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 2022 FEB 17 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L20000324777			
1. Limited Liability Company's Name PALMETTO GROVELAND - HWY 50, LLC			
2. Principal Office Address - No P.O. Box 221 S CRAWFORD ST		3. Mailing Office Address 221 S CRAWFORD ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State THOMASVILLE, GA 31792		City & State THOMASVILLE, GA 31792	
Zip 31792	Country United States	Zip 31792	Country United States
4. State/Country of Formation Florida			
5. Date Organized or Qualified To Do Business in Florida 10/13/20			
6. FE Number 85-3648422			Applied For ☒ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐			
8. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) Suite, 1201 HAYS STREET Apt. #, Etc. City TALLAHASSEE State FL Zip Code 32301-2525			
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>Tyler Cimminillo</u> Date <u>01/10/2022</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title MGR	Name of Authorized Representative/Manager PALMETTO CAPITAL GROUP	Street Address of Each Authorized Representative/Manager 221 S CRAWFORD ST	City / State / Zip THOMASVILLE, GA 31792
REINSTATEMENT			FEB 17 2022 R. HUNT
11. E-mail Address: preyes@guyandjohnson.com			
(Tab 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 understand that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.165, F.S.			
Signature of authorized representative/manager <u>[Signature]</u>		Date <u>1/11/2022</u>	Daytime Phone # <u>1/11/2022</u>
Typed or printed name of signing authorized representative/manager <u>Miles Watkins</u>			