FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2022 FEB 17 PM 12:07

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L20000338843

1. Limited Liability Company's Name

PALMETTO DUNDEE - DUNDEE RD, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
221 S CRAWFORD ST	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: 10/26/20

6. FEI Number: 85-3797782 ☐ 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, Apt. #, Etc.: 1201 HAYS STREET

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: Tyler Ciminillo Date: 01/10/2022

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	PALMETTO CAPITAL GROUP	221 S CRAWFORD ST	THOMASVILLE, GA 31792

REINSTATEMENT

FEB 17 2022
R HUNT

11. E-mail Address: preyes@guyandjohnson.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 any 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: [signature] Date: 1/11/2022 Daytime Phone #: 1/11/2022

Typed or printed name of signing authorized representative/member: Miles Watkins