

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 # L20000338850			
1. Limited Liability Company's Name PALMETTO PLANT CITY - KEYSVILLE RD, LLC			
2. Principal Office Address - No P.O. Box # 221 S CRAWFORD ST		3. Mailing Office Address 221 S CRAWFORD ST	
Subs, Apt. #, etc.		Subs, 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 85-397679			Applied For ☒ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ YES, I am requesting a certificate of status from the Department of State.			
8. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) Subs, 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 Ciminilla</u> DATE <u>01/10/2022</u> REGISTERED AGENT MUST SIGN			
10. Name 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
			FEB 17 2022
			R. HUNT
REINSTATEMENT			
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 terminated, 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 declare that this information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.166, F.S.			
Signature of authorized representative/manager <u>Miles Watkins</u>		Date <u>1/11/2022</u>	Daytime Phone # <u>1/11/2022</u>
Typed or printed name of signing authorized representative/manager Miles Watkins			