

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING
102 FEB 17 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L20000338867			
1. Limited Liability Company's Name PALMETTO FT MYERS-NEW YORK DR, 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
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 <i>Tyler Ciminilla</i>		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			EB 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 request for dissolution has been dissolved, 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 <i>Miles Watkins</i>		Date 1/11/2022	
Typed or printed name of signing authorized representative/manager Miles Watkins		Daytime Phone # 1/11/2022	