

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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REINSTATEMENT 2000

DOCUMENT # L 99000002418

1. Limited Liability Company's Name

VALHALLA INVESTMENT GROUP LLC

2. Principal Office Address

1403 PARK AVE
Suite, Apt. #, etc.

SUITE A
City & State

FERNANDINA BCH, FL
Zip Country
32034 NASSAU

3. Mailing Office Address

1403 PARK AVE
Suite, Apt. #, etc.

SUITE A
City & State

FERNANDINA BCH, FL
Zip Country
32034 NASSAU

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business in Florida**

APR 29, 1999

6. FEI Number

59-3573156

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

TIMOTHY L. CHAFFIN

000003465200-8

Street Address (P.O. Box Number is Not Acceptable)

1403 PARK AVE

11/15/00-01119-001

****155.00 ****155.00

Suite, Apt. #, Etc.

SUITE A

City

FERNANDINA BCH

State

FL

Zip Code

32034

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date OCT 18, 2000

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of
Managing Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

15.9M
TIMOTHY L. CHAFFIN 2752 SEA GROVE LANE FERNANDINA BCH, FL 32034

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of
Managing Member/Manager

[Signature]

Date OCT 18, 2000 Daytime Phone # 904 321-4044

Typed or printed name of signing Managing Member/Manager TIMOTHY L. CHAFFIN

CR2E041 (9/99)