

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV -9 AM 8:51

DOCUMENT # L9960000662

1. Limited Liability Company's Name

SHELTON Group LLC
d/b/a Homes & Land MAGAZINE of
BREVARD County

100061913071
12/05/05--01059--008 **205.00

CR2E041 (8/05)

2. Principal Office Address <u>1494 AVOCAO Ave</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MELBOURNE,</u>		City & State <u>FLORIDA</u>	
Zip <u>32935</u>	Country <u>BREVARD</u>	Zip <u>32935</u>	Country

4. State/Country of Formation <u>FLORIDA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>JAN 1999</u>	
6. FEI Number <u>59-3608061</u>	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 Willard Thomas SHELTON
Street Address (P.O. Box Number is Not Acceptable)
32.3 Tulip LANE
Suite, Apt. #, Etc.
City MELBOURNE

State FL Zip Code 32901

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

Willard T Shelton

Date 11-3-05

REGISTERED AGENT MUST SIGN

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
Gen Mgr	Shirley SHELTON	32.3 Tulip LANE	MELBOURNE, FL 32901

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

Shirley Shelton

Date 11-3-05

Cell 321-266-1220

Daytime Phone 321-751-7959

Typed or printed name of signing Managing Member/Manager

Shirley SHELTON

Home 321-984-2829

* All previous address was 1372 HIGHLAND AVE, MELBOURNE, FL 32935
* WE MOVED TO OUR CURRENT ADDRESS ON 5-26-04 WE DID NOT RECEIVE
THE RENEWAL NOTICES FOR 2004 and 2005. BECAUSE OF MOVING AND