

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JAN 15 PM 4:00

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # MO2 000000290

1. Limited Liability Company's Name

Green Groves Development, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 6527 Brentwood Avenue		3. Mailing Office Address 435 Harold Ave	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State Sarasota, FL		City & State Atlanta, GA	
Zip 34231	Country USA	Zip 30307	Country USA

4. State/Country of Formation Georgia, DeKalb	
5. Date Organized or Qualified To Do Business in Florida 1/30/02	
6. FEI Number 582601063	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☒ \$7.00 (with any fee applied to the reinstatement fee)	

8. Name and Address of Current Registered Agent	
Name David Green	
Street Address (P.O. Box Number is Not Acceptable) 4501 Howell Branch Road	
Suite, Apt. #, Etc. —	
City Winter Park	State FL
Zip Code 32792	

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

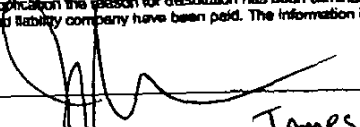
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.	
Signature of Registered Agent 	Date 1-3-08
REGISTERED AGENT MUST SIGN	

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
Mgr.	James Sowersby	435 Harold Ave	Atlanta, GA 30307

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01/08/08--01039--005 **660.00

REINSTATEMENT 2005-2008

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 	Date 1/4/08	Daytime Phone # 770-263-8191
Typed or printed name of signing Managing Member/Manager James Sowersby		