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

CR2E041 (12/07)

DOCUMENT # M02000000290

1. Limited Liability Company's Name
Green Groves Development, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6327 Brentwood Avenue	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 ☒ [redacted]

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 [signature] 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
	REINSTATEMENT 2005 - 2008		

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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 1/4/08 Daytime Phone # 770-263-8191

Typed or printed name of signing Managing Member/Manager James Sowersby