

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 DEC -4 PM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # m05000001717

1. Limited Liability Company's Name

Arcadia Enterprises, LLC

2. Principal Office Address - No P.O. Box #

4229 Steve Reynolds Blvd

3. Mailing Office Address

same

Suite, Apt. #, etc.

210

Suite, Apt. #, etc.

City & State

Norcross

City & State

GA

Zip

30093

Country

usa

Zip

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

03/30/05

6. FEI Number

02-0532376

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

Chris Hart (Clark, Partington, Hart, Bond & Stackhouse)

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

34990 Emerald Coast Pkwy

Suite, Apt. #, Etc.

Suite 301

City

Destin

State

FL

Zip Code

32451

☐ 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

REGISTERED AGENT MUST SIGN

Date

11/30/07

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
MGRM	Harold G Slone	1930 W. Wesley Rd.	Atlanta, GA 30327

15/10/15

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12/03/07--01070--012 **205.00

REINSTATEMENT

06-07

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

Harold G Slone

Date

11/27/07

Daytime Phone #

770-638-0016

Typed or printed name of signing Managing Member/Manager

Harold G Slone