

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 DEC -5 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M11000005121

1. Limited Liability Company's Name

Marion Real Estate Investments, LLC

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

2110 Executive Drive

Suite, Apt. #, etc.

City & State

Salisbury, North Carolina

Zip

28147

Country

USA

3. Mailing Office Address

2110 Executive Drive

Suite, Apt. #, etc.

City & State

Salisbury, North Carolina

Zip

28147

Country

USA

CR2EDM1 (1/14)

4. State/Country of Formation

South Carolina

5. Date Organized or Qualified
To Do Business in Florida

October 12, 2011

6. FEI Number

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

Corporation Service Company

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

1201 Hays Street

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

900292968559

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Courtney Williams

Asst. Vice President

Date 12.05.16

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	G. Linn Evans	2110 Executive Drive	Salisbury, North Carolina 28147

11. E-mail Address: Dianne.Tillis@delhaize.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 11/22/2016

Daytime Phone # (704) 310-2520

Typed or printed name of signing authorized representative/member G. Linn Evans, Manager of Food Lion, LLC, Member of Marion Real Estate Investments, LLC

K. ASHTON

file let
*do not separate
please
2012

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 390415 4325394

AUTHORIZATION :

Lyndell

COST LIMIT : \$125,000

ORDER DATE : December 5, 2016

ORDER TIME : 11:44 AM

ORDER NO. : 390415-005

CUSTOMER NO: 4325394

RECEIVED
DEPARTMENT OF
16 DEC -5 PM 2:02

REINSTATEMENT

NAME: MARION REAL ESTATE INVESTMENTS
, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____