

**L02000007647**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 AUG - 9 AM 8:51  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

*RJK*

DOCUMENT # L02000007647

1. Limited Liability Company's Name  
**THREE GENERATIONS INVESTMENTS, LLC**

2. Principal Office Address  
4394 Homewood St.  
Suite, Apt. #, etc.

3. Mailing Office Address  
4394 Homewood St.  
Suite, Apt. #, etc.

4. State/Country of Formation  
**FLORIDA**

5. Date Organized or Qualified To Do Business in Florida  
03/29/2002

City & State  
Port Charlotte, FL  
Zip Country  
33980 USA

City & State  
Port Charlotte, FL  
Zip Country  
33980 USA

6. FEI Number  
753045387  
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)  
1201 Hays Street **500058405875**

Suite, Apt. #, Etc.

City State Zip Code  
Tallahassee FL 32301

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 Cynthia L. Harris **Cynthia L. Harris as its agent** Date 8/9/05  
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
Executive Manager	DAVID W. WITHERILL	1561 Achilles St.	Port Charlotte, FL 33980
Member	Rose C. Witherill	1561 Achilles St	Port Charlotte, FL 33980
Member	Richard V. Witherill	23350 SPANON ST.	Port Charlotte, FL 33980
Member	Richard L. Parnell	8000 Paradise South lot 46	Mercedes, TX 78570
Member	Angelene M. Parnell	8000 Paradise South lot 46	Mercedes, TX 78570

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 D.W.W. Date 7-4-05 Daytime Phone # 941-627-6340  
Typed or printed name of signing Managing Member/manager DAVID W. WITHERILL

CPRE041 (10/02)



LO 2 000007647

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 529904 7330924  
AUTHORIZATION : Patricia Pizub  
COST LIMIT : \$ 200.00

FILED  
05 AUG -9 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : August 8, 2005

ORDER TIME : 4:0 PM

ORDER NO. : 529904-005

CUSTOMER NO: 7330924

CUSTOMER: Mr. David W. Witherill  
Mr. David W. Witherill  
1561 Achilles St  
Port Charlotte, FL 33980

FILED  
05 AUG -9 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: THREE GENERATIONS INVESTMENTS,  
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext# 2955

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
05 AUG -9 PM 4:08  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA