

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 26 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001632

1. Limited Liability Company's Name

PINE HILL, L.L.C.

2. Principal Office Address

1233 North Webb Rd. Ste. 120

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

1233 North Webb Rd. Ste. 120

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

02/10/2000

6. FEI Number

39-1992159

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

NRAI Services, Inc.

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

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

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

NRAI Services, Inc.

*Donna J. Baker, Assist Sec*

REGISTERED AGENT MUST SIGN

Date

12/8/03

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	Baker, Donna	1233 N. Webb Rd., Ste. 120	Grand Island, NE 68803
		AL	
		REINSTATEMENT 03	

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

*Donna J. Baker*

Date 12-10-03

Daytime Phone #

308-389-4800

Typed or printed name of signing Managing Member/Manager

DONNA J. BAKER

CR2E041 (10/02)