

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

FILED

1. DOCUMENT # L00000002763

Name and Mailing Address

0013288 01 AT 0.292 \*\*AUTO TB 2 0615 34990-526203

QUAIL HOLLOW FARM, L.L.C.

4903 QUAIL HOLLOW  
PALM CITY FL 34990-5262

03-DEC -2 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/10/2000	
Principal Place of Business 4903 QUAIL HOLLOW PALM CITY FL 34990	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1018966	Applied For Not Applicable
8. Name and Address of Current Registered Agent KOST, WALTER 4175 MARTIN HWY PALM CITY FL 34990		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Address is Not Acceptable) 200025168372 12/02/03--01064--002 **150.00	
		City FL Zip Code	

10. 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] **REGISTERED AGENT MUST SIGN**

Date 11-25-03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	KOST, WALTER	2506 HOLLYBERRY	PALM CITY FL 34980

REINSTATEMENT

2003

12/10/03

12. 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] **REGISTERED AGENT MUST SIGN**

Date 11-25-03 Daytime Phone # 772-336-4890

Typed or printed name of signing Managing Member/Manager