

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN -4 PM 12:55

DOCUMENT # **L00000003174**

1. Limited Liability Company's Name  
**RANCH COUNTRY PROPERTY, L.L.C.**

2. Principal Office Address

**19101 S.E. CROSSWINDS LANE**  
Suite, Apt. #, etc.

City & State  
**JUPITER, FL**

Zip Country  
**33478 USA**

3. Mailing Office Address

**SAME**  
Suite, Apt. #, etc.

City & State  
**SAME**

Zip Country  
**SAME**

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified To Do Business in Florida

**3/2/00**

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

**ERIC M. SAUERBERG**

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

**200 VILLAGE SQUARE CROSSING**

Suite, Apt. #, Etc.

**102**

City

**PALM BEACH GARDENS**

State

**FL**

Zip Code

**33410**

**200004768522-5**  
**-01/11/02--01026--022**  
**\*\*\*\*150.00 \*\*\*\*150.00**

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 **12/27/01**

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
MM	SERGI BOLSNAKOV	19101 S.E. CROSSWINDS	JUPITER, FL 33478
MM	VERA BOLSNAKOVA	11	
			Rein 100.00
			UBR 50.00
			<u>150.00</u>
			nc

**REINSTATEMENT 2001**

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

**P.O.A.**

Date **12/27/01**

Daytime Phone # **(81) 309-6002**

Typed or printed name of signing Managing Member/Manager