

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 25 AM 9:12

DOCUMENT # L00000003174

1. Limited Liability Company's Name

RANCH COLONY PROPERTY, L.L.C.

800086822648  
01/31/07--01049--017 \*\*400.00  
CR2E041 (8/05)

2. Principal Office Address 19101 SE CROSSWINDS LANE		3. Mailing Office Address SAME		4. State/Country of Formation FLORIDA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 03/21/2000	
City & State JUPITER, FLORIDA		City & State		6. FEI Number 20-8283444	
Zip 33478	Country US	Zip	Country	Applied For <input checked="" type="checkbox"/> Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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.  
SUITE 102

City  
PALM BEACH GARDENS

State  
FL

Zip Code  
33410

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 \_\_\_\_\_ Date 1-22-2007

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
MGRM	BOLSHAKOV, SERGI	19101 SE CROSSWINDS LANE	JUPITER, FL 33478
MGRM	BOLSHAKOV, VERA	19101 SE CROSSWINDS LANE	JUPITER, FL 33478

02-07

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 \_\_\_\_\_ Date 01/22/07 Daytime Phone # (561) 307-1111

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_