

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JUPITER, FLORIDA

City & State

Zip

33478

Country

US

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 03/21/2000

6. FEI Number

20-8283444

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.

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

REGISTERED AGENT MUST SIGN

Date

1-22-2007

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

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