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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000008593

FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000008593

Name and Mailing Address

0002207 01 AT 0.292 **AUTO T0 0 0615 32312-096000

ORCHARD POND, L.L.C.
500 ORCHARD POND RD.
TALLAHASSEE FL 32312-0960

CR2E084 (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: 07/20/2000
Principal Place of Business: ORCHARD POND ROAD AND OLD BAINBRIDGE ROAD TALLAHASSEE FL	3. New Principal Place of Business Address: ORCHARD Pond & MERIDIANRD City, State, Zip: TALLAHASSEE, FL 32312
	6. FEI Number: 59-3668626 ☐ 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	9. Name and Address of New Registered Agent
BIST, MICHAEL P 1300 THOMASWOOD DRIVE TALLAHASSEE FL 32312	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

10. I, being appointed to be 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 REQUIRED Date 10/17/2003

REGISTERED AGENT MUST SIGN

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
MGRM	PHIPPS, JEFFREY S	500 ORCHARD POND RD.	TALLAHASSEE FL 32312

800023985868
10/21/03--01139--010 **150.00

REINSTATEMENT 03 dcs

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/Manage SIGNATURE REQUIRED Date 10/17/2003 Daytime Phone # 8508936073

Typed or printed name of signing Managing Member/Manager