

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L 00000010899

1. Limited Liability Company's Name

REDTAIL MOUNTAIN RANCHES LLC.

2. Principal Office Address - No P.O. Box #

2100 HOLLYWOOD BLVD

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

Zip

33020

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

9/11/2000

6. FEI Number

651043655

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

REGISTERED AGENTS OF FLORIDA LLC

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

100 SE SECOND STREET

Suite, Apt. #, Etc.

SUITE 2900

City

MIAMI

State

FL

Zip Code

33131

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

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
<u>MGMR</u>	<u>STUART I. MEYERS</u> <u>FAMILY PARTNERSHIP, LTD.</u>	<u>2100 HOLLYWOOD BLVD.</u>	<u>HOLLYWOOD, FL 33020</u>
<u>MGMR</u>	<u>JORGE LOPEZ</u> <u>FAMILY PARTNERSHIP, LTD.</u>	<u>2100 HOLLYWOOD BLVD.</u>	<u>HOLLYWOOD, FL 33020</u>

**REINSTATEMENT 08-10**

CRS 5-10

11. E-mail Address: LEVAN.ROMAN@CORNERSTONEGRP.COM

(To be used for future annual report notifications)

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

Date

4/28/10

Daytime Phone #

305-443-8218

Typed or printed name of signing Managing Member/Manager